

PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County Willamum
 Township Leelanau
 or Village Northport
 or City _____

CERTIFICATE OF DEATH

AUG 6 1911 Registered No. 175
 St. _____ Ward _____

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Henry Lansing Barnes

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1 SEX male 2 COLOR OR RACE White 3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) _____

4 DATE OF BIRTH July 15, 1904
 (Month) (Day) (Year)

7 AGE 7 yrs. 12 mos. 13 ds. OR If LESS than 1 day, ____ hrs. ____ min.?

8 OCCUPATION
 (a) Trade, profession or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Northport Mich

10 NAME OF FATHER Genl A Barnes

11 BIRTHPLACE OF FATHER (State or country) Mich

12 MAIDEN NAME OF MOTHER Mary E Caswell

13 BIRTHPLACE OF MOTHER (State or country) Mich

14 DATE OF DEATH July 31, 1911
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 29, 1911 to July 31, 1911, that I last saw him alive on July 31, 1911, and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:
Acute nephritis following recovery from measles
 (Duration) yrs. mos. 1 ds.

Contributory (SECONDARY) _____ (Duration) yrs. mos. ds.
 Signed: Robert C. Geland M. D.
July 31, 1911 (Address) Northport, Mich

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.
 Where was disease contracted, if not at place of death? _____
 Former or usual residence _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Mrs. Mary E. Barnes
 (Address) Northport Mich.

19 PLACE OF BURIAL OR REMOVAL Marion Mich DATE OF BURIAL Aug 1, 1911

15 August 4, 1911 REGISTRAR P. P. Humphreys

20 UNDERTAKER Wm J Thomas ADDRESS Northport