

1 PLACE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH

County Lucas
Township _____

Division of Vital Statistics

148 319

CERTIFICATE OF DEATH

Register No. 92

~~NEW~~ Newberry State Hospital.

(No. Newberry State Hospital. St. _____ Ward _____)

2 FULL NAME William R. Cahow

a) Residence No. Sault Ste. Marie, Mich. St. _____ Ward _____

Length of residence in city or town where death occurred 2 yrs. 1 mo. 8 ds. (If non-resident give city or town and state) How long in U. S., if of foreign birth? yrs. _____ mo. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (WRITE the word) Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (Month, day and year) Da. & Mo. Unk. 1848.

7 AGE Years Months Days If LESS than 1 day _____ hrs. OR _____ min. 80 Unk. Unk.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer.

9 BIRTHPLACE (city or town) (state or country) New York

10 NAME OF FATHER Isaac Cahow

11 BIRTHPLACE OF FATHER (city or town) (state or country) New York

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (state or country) New York

14 Informant Orna Ritter (Address) Newberry, Mich.

15 Filed NOV. 12, 1928 St. Campbell Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) November 10, 1928.

17 I HEREBY CERTIFY, that I attended deceased from Feb. 11, 1927 to Nov. 10, 1928. that I last saw him alive on Nov. 10, 1928 at 2:10 P. and that death occurred on the date stated above at _____ m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Unk. - (duration) _____ yrs. _____ mo. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mo. _____ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) [Signature] M. D.

Nov. 12, 1928, Address Newberry, Mich.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

(See reverse side for further instructions.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Date of Burial

Sault Ste. Marie, Mich.

Nov. 12, 1928.

UNDERTAKER

Address

Chas Beaulieu

Newberry, Mich.