

MICHIGAN DEPARTMENT OF HEALTH
Division of Vital Statistics

117 764

Register No. 117 764

PLACE OF DEATH
County *Charlevoix*
Township

CERTIFICATE OF DEATH

Village

City *Sault Ste. Marie* (No. Memorial Hospital)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

3 FULL NAME *Leah E. Cahow*
St. *Ward*
a) Residence No. *2045 Ridge, Mich.*
Length of residence in city or town where death occurred yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 DATE OF BIRTH *April 15 1892*
7 AGE Years *33* Months *5* Days *5* If LESS than 1 day... hrs. OR... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work *Farmer*
(b) General nature of industry, business, or establishment in which employed (or employer) *1*
(c) Name of employer.

9 BIRTHPLACE (city or town) (state or country) *Michigan*

10 NAME OF FATHER *Wm R. Cahow*

11 BIRTHPLACE OF FATHER (city or town) (state or country) *Ohio*

12 MAIDEN NAME OF MOTHER *Bonnetta Stoyke*

13 BIRTHPLACE OF MOTHER (city or town) (state or country) *Canada*

14 Informant *Russell Cahow*
(Address) *217th Park, Mich.*
Filed *Sept 27 1925* Registrar.

St., Ward. (if non-resident give city town and state) de.
de. How long in U. S. if of foreign birth yrs. mos. de.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (Month, day and year) *Sept. 20 1925*

17 HEREBY CERTIFY, that I attended deceased from *Sept 20* to *Sept 20 1925* that I last saw him alive on *Sept 20*, 19... and that death occurred on the date stated above at *11 P.M.*

The CAUSE OF DEATH* was as follows:

Apoplectic stroke *117*

CONTRIBUTORY (Secondary) (duration) yrs. mos. de.

18 Where was disease contracted (duration) yrs. mos. de.

If not at place of death? *NE*, Date of.

Did an operation precede death? *NE*, Date of.

Was there an autopsy?

What test confirmed diagnosis? (Signed) *Dr. J. E. ...* M. D.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL *St. Mary's R.C. Church, Sault Ste. Marie, Mich.* Date of Burial *Sept 23 1925*

20 UNDERTAKER *John A. Hoar* Address *Sault Ste. Marie, Mich.*