

'PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

293

City Ingham

CERTIFICATE OF DEATH

MAY-8 '18

Registered No. 2

Ward East Lansing (No.)

St. Ward)

[If death occurred in a hospital or institution, give the name and number.]

'FULL NAME Charles Perry Rhoad

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1 COLOR OR RACE Male White

10 DATE OF DEATH Apr 17 1916

2 AGE OF BIRTH Jan 6 1847

11 I HEREBY CERTIFY, That I attended deceased from Jan 29 1916, to April 17 1916, that I last saw him alive on April 16 1916, and that death occurred, on the date stated above, at 62 m.

3 SEX 19 yrs 4 mos 11 ds. 00 hrs 07 min

The CAUSE OF DEATH* was as follows:

4 OCCUPATION Retired

arteriosclerosis

5 PLACE OF BIRTH Ingham

(Duration) yrs. mos. ds.

6 NAME OF FATHER Adin Rhoad

Contributory Myocarditis

7 BIRTHPLACE OF FATHER New York

(Signature) Charles F. Brough, M. D.
Apr 15, 1916

8 MARRIAGE OF MOTHER Melvinia Wilkins

*State the DISEASE CAUSING DEATH, or its details from Venereal Communicable (1) Means of INFECTION; and (2) whether ANATOMICAL, PHYSICAL, or BIOLOGICAL.

9 BIRTHPLACE OF MOTHER Ingham

12 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR VISITING RESIDENCE)
At place of death yrs. mos. ds. In the State yrs. mos. ds.

13 ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Mrs C P Rhoad

Where was disease contracted, if not at place of death?
Place of usual residence

(Address) Lansing

14 PLACE OF BURIAL OR CREMATION St. Paul

DATE OF BURIAL Apr 19, 1916

Apr 17, 1916 B. B. Source

15 SIGNATURE W. Palmer

ADDRESS