

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

1. PLACE OF DEATH

County St. Clair  
Township \_\_\_\_\_  
Village \_\_\_\_\_  
City Pt. Huron (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

STATE OF MICHIGAN  
Department of State—Division of Vital Statistics

CERTIFICATE OF DEATH

Registered No. 383  
DEC 5 1919

2. FULL NAME

Charles Cooper  
(a) Residence No. 3307 1/2 South Michigan St., Ward. \_\_\_\_\_  
(Usual place of abode.) (If non-resident give city or town and state.)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed or Divorced (WRITE the word.) <u>Widowed</u>
5a If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Ann</u>		
6 DATE OF BIRTH (Month, day and year.) <u>April 25 1848</u>		
7 AGE Years: <u>71</u> Months: <u>7</u> Days: <u>4</u>	If LESS than 1 day, hrs. _____ OR min. _____	
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work: <u>Farmer</u> (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) <u>Nova Scotia</u>		
10 NAME OF FATHER <u>Samuel Cooper</u>		
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Nova Scotia</u>		
12 MAIDEN NAME OF MOTHER <u>Phoebe Brown</u>		
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <u>Nova Scotia</u>		

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH  
(Month, day and year) Nov 29 1919

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1919, to Nov 29, 1919 that I last saw him alive on Nov 29, 1919 and that death occurred on the date stated above at 49 m.

The CAUSE OF DEATH\* was as follows:  
Valvular Heart Disease  
Cardiac insufficiency  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (Secondary) Valvular Heart Disease  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ 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? Examination  
(Signed) J. H. Cooper M. D.  
Address Pt. Huron 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.)

14 Informant James Cooper  
(Address) Pt. Huron Michigan

15 Filed 11/29 1919 J. J. Duff Registrar.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Pt. Huron Michigan Date of Burial Dec 1 1919

20. UNDERTAKER Arthur E. Smith Address Pt. Huron Mich