

Nicholas S Adams Death Certificate

MICHIGAN DEPARTMENT OF STATE LANSING VITAL STATISTICS DIVISION. CERTIFICATE AND RECORD OF DEATH.

County Grand Haven [The Registrar should number each certificate received of each in spaces below, beginning with "1" for each year.]

Township _____

Village Fife Lake REGISTERED NO. 7

City _____

Location in City _____ Ward; No. _____ St. _____

Full Name Nicholas S. Adams Date of Death Feb. 18 1907

MONTH.	DAY.	YEAR.
Feb.	18	1907

Hospital, Institution or Transient _____ How long an Inmate or Resident _____ Sex Male Color White

Place of Birth Fife Lake Single, married, widowed or divorced Married

YEARS.	MONTHS.	DAYS.
84	9	7

Age _____

If married, age at (first) marriage 22 years.

Parent of 4 children, of whom 3 are living.

Date of Birth

YEAR OF BIRTH.	MONTH.	DAY.
1822	May	16

Occupation, if over 18 years of age Carpenter (Birthplace) (State or country) N.Y. State

Name of father Not known Birthplace of father (State or country) Wis.

Maiden name of mother _____ Birthplace of mother (State or country) Wis.

Date of burial or removal Feb 20 1907 Place of burial or removal Fife Lake, Mich.

Signature of undertaker W. M. Brower Address of undertaker Fife Lake

Certificate of Reporter.
The personal and family particulars herein given relative to deceased are true to the best of my knowledge and belief.
(Signed) Letitia Brower
(Address) Fife Lake, Mich.

Medical Certificate of Cause of Death.

I hereby certify that I attended deceased from Feb 15th 1907 to Feb 18th 1907, that I last saw him alive on Feb 18th 1907, that he died on Feb 18th 1907 about 11 o'clock, A. M., and that to the best of my knowledge and belief the CAUSE OF DEATH was as hereunder written:

DISEASE CAUSING DEATH Accidental burn 167

Immediate cause of death coma 65 hours

Contributory causes or complications, if any Age and debility

Post-mortem not held Place where DISEASE CAUSING DEATH was contracted, if other than place of death _____

*In case of a Violent Death, state (1) mode of injury and whether accidental, suicidal or homicidal; (2) what was the nature of the injury and the immediate cause of death; (3) contributory causes or conditions, e. g., septicemia. Also whether operation was performed, etc. In deaths from tuberculosis, cancer, etc., always specify what organ or part of the body was affected. In septicemia, give cause, especially if puerperal.

Witness my hand this 19th day of Feb 1907

Signature of physician L. S. Walker M. D.

(Address) Fife Lake Mich.

Michigan Death Records, 1897-1920, Archives of Michigan