

Philip H. Paine Death Certificate

PLACE OF DEATH		MICHIGAN DEPARTMENT OF HEALTH		133 5849	
County <u>Ingham</u>		Division of Vital Statistics		Register No. <u>860</u>	
Township _____		CERTIFICATE OF DEATH			
Village _____		(No. of death occurred in a hospital or institution, give its NAME instead of street and number)		St. _____ Ward _____	
City <u>Lansing</u>		2 FULL NAME <u>Phillip H. Paine</u>			
a) Residence No. _____ (Usual place of abode)		b) _____ St. _____ Ward _____ (If non-resident give city or town and state)			
Length of residence in city or town where death occurred		Yes _____ No _____		Ever long in U. S. if of foreign birth? Yes _____ No _____	
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed or Divorced (WRITE the word) <u>Married</u>	16 DATE OF DEATH (Month, day and year) <u>Dec. 6, 1928</u>	17 I HEREBY CERTIFY, that I attended deceased from <u>Nov. 12, 1928</u> to <u>Dec. 4, 1928</u> and that I last saw him alive on <u>Dec. 4, 1928</u> and that death occurred on the date stated above at <u>3:54 a.m.</u>	
18 If married, widowed or divorced HUSBAND of (or) WIFE of <u>Francis M. Paine</u>			The CAUSE OF DEATH* was as follows: <u>Heart failure in</u> <u>atrial fibrillation</u>		
6 DATE OF BIRTH (Month, day and year) <u>July 3, 1838</u>	7 AGE Years <u>90</u> Months <u>5</u> Days <u>3</u>	If LESS than 1 day _____ hrs. OR _____ min.		CONTRIBUTORY (Secondary) _____ (duration) yrs. _____ mos. _____ ds.	
9 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work <u>Retired Clerk</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>15</u> (c) Name of employer.			15 Where was disease contracted If not at place of death? _____ Did an operation precede death? <u>W</u> Date of _____ Was there an autopsy? <u>W</u> What test confirmed diagnosis? _____ (Signature) <u>R. L. Pausack</u> M. D. Address <u>Lansing</u>		
8 RESIDENCE (city or town) (state or country) <u>Fent England</u>			*Part of the Disease Causes' 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.)		
10 NAME OF FATHER <u>David Paine</u>			19 PLACE OF BURIAL, CREMATION OR REMOVAL <u>Lansing</u> <u>DePaul</u> <u>12/8/28</u>		
11 BIRTHPLACE OF FATHER (city or town) (state or country) <u>England</u>			20 UNDERTAKER <u>J. J. Co. Lansing</u>		
12 MAIDEN NAME OF MOTHER <u>Martha Paine</u>					
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <u>England</u>					
14 Informant <u>Francis M. Paine</u> (Address) <u>716 Princeton Park</u>					
15 Filed <u>12/8</u> by <u>J. H. Kelly</u>					