

PLACE OF DEATH

County Bay
 Township
 or
 Village
 or
 City Bay City

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

FEB - 5 '16

CERTIFICATE OF DEATH

Obituary
 Registered No. 16

233

(No. 200 Broadway St.; _____ Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Leonard L Cole

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White ¹SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

DATE OF BIRTH April 15, 1886
(Month) (Day) (Year)

AGE 29 yrs. 8 mos. 21 ds. If LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION Base Ball Pitcher
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE Toledo Iowa
(State or country)

¹⁰ NAME OF FATHER Henry Cole

¹¹ BIRTHPLACE OF FATHER Iowa
(State or country)

¹² MAIDEN NAME OF MOTHER Cora Phillips

¹³ BIRTHPLACE OF MOTHER Iowa
(State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Amos Leonard N Cole

(Address) Bay City

Filed Jan 7, 1916 J. A. Keho
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

¹⁴ DATE OF DEATH Jan 6, 1916
(Month) (Day) (Year)

¹⁷ I HEREBY CERTIFY, That I attended from Jan 7, 1916 to Jan 6, 1916, that I last saw h^{is} alive on Jan 5, 1916, and that death occurred, on the date stated above, at 7 1/2 M.

The CAUSE OF DEATH^o was as follows:

Scrophula Lymphnoma of Lung

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) E. C. Warren M. D.

Jan 7, 1916 (Address) Bay City

^o State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

¹⁸ LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

¹⁹ PLACE OF BURIAL OR REMOVAL Bay City Iowa DATE OF BURIAL Jan 7, 1916

²⁰ UNDERTAKER W. Hyatt ADDRESS W. Hyatt