

County WayneMICHIGAN DEPARTMENT OF HEALTH  
Vital Records Section

Township.....

Village.....

Registered No. 4461City Detroit (No. .... St. .... Ward .....)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2. FULL NAME Will Colmer(a) Residence No. .... 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 Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (WRITE the word) Single

5a. If married widowed or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (Month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. OR min.  
21

## 8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(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) Unknown10. NAME OF FATHER Unknown11. ~~Residences~~ Residences OF FATHER (city or town) (State or country) Unknown12. MAIDEN NAME OF MOTHER May 31, 188913. ~~Residences~~ Residences OF MOTHER (city or town) (State or country)

14. Informant.....

(Address)

15. November 7, 1889 Wm P. Lane  
Filed 1889 Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (Month, day and year) March 24, 1888

17. I HEREBY CERTIFY That I attended deceased from

....., 19....., to..... 19.....

that I last saw h..... alive on....., 19..... and

that death occurred on the date stated above at.....m.

The CAUSE OF DEATH was as follows:

Spinal DiseaseCONTRIBUTORY.....  
(Secondary)

(duration).....yrs.....mos.....ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed)..... M.D.

, 19 , Address

19. PLACE OF BURIAL, CREMATION OR REMOVAL

Date of Burial

19

20. UNDERTAKER

Address

I hereby certify that the above is a true and correct copy of the Certificate of Death on file in the Michigan Department of Health.

Albert E. Hendricks M. D.  
State Health Commissioner

(Seal)

Lansing, Michigan

February 15, 19 60