

I PLACE OF DEATH.

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

10971

11187

County WAYNE
 Township _____
 Village _____

Registered No. _____

CITY DETROIT (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME James Elsworth Peoples

(a) Residence No. 1169 W Philadelphia (if non-resident give city or town and State.)
 Length of residence in city or town where death occurred yrs. 7 mos. 0 How long in U. S. or of foreign birth yrs. 0 mos. 0

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 Color or Race W. 5 Single, Married, Widowed or Divorced (write the word.) Married

16 DATE OF DEATH (Month, day and year) 8 29 1920

6a If married, widowed, or divorced HUSBAND of Lulla Selver (or) WIFE of

17 I HEREBY CERTIFY, That I attended deceased from 8 15, 1920 to 8 29, 1920

6 DATE OF BIRTH (Month, day and year.) Oct 8 - 1863

that I last saw h... alive on _____, 19____ and that death occurred on the date stated above at 11 P.M.

7 AGE Year 56 Months 10 Days 21 11 LESS than 1 day _____ hrs. OR _____ min.

The CAUSE OF DEATH* was as follows: Myocarditis

8 OCCUPATION C7 DECEASED (a) Trade, profession, or particular kind of work Real Estate (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

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

9 BIRTHPLACE (city or town) (State or country) Big Beaver, Mich

CONTRIBUTORY arteriosclerosis (Secondary) (duration) 2 yrs. _____ mos. _____ ds.

10 NAME OF FATHER Andrew Peoples

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

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

Did an operation precede death? _____ Date of _____

12 MAIDEN NAME OF MOTHER Julia Torrey

Was there an autopsy? _____

13 BIRTHPLACE OF MOTHER (city or town) (state or country) New York

What test confirmed diagnosis? _____

14 Informant Mr Andrew Peoples (Address) 56 Seneca

(Signed) Hugh A Mc Juden 8-29-1920 1913 Woodward

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSE, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)

15 Filed AUG 31 1920 Registrar.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Woodmere Date of Burial 8 31 1920

20 UNDERTAKER Dell Bros Address Detroit