

PLACE OF DEATH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County

Township

or

Village

or

City

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 7434

(No. 100-21st St.; 12 Ward)

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

FULL NAME John M. Rainey

PERSONAL AND STATISTICAL PARTICULARS

SEX M **COLOR OR RACE** W **SINGLE, MARRIED, WIDOWED, OR DIVORCED** S
(Write the word)

DATE OF BIRTH July 16, 1864
(Month) (Day) (Year)

AGE 48 yrs. 3 mos. 27 ds. If LESS than
1 day, hrs. OR min.?

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

BIRTHPLACE (State or country) Irish

NAME OF FATHER James Rainey

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Anna McAllister

BIRTHPLACE OF MOTHER (State or country) Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Mrs J. B. Bigley
(Informant)
Det
(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 11, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 3, 1912, to Nov 3, 1912, that I last saw him alive on 11, 1913, and that death occurred, on the date stated above, at m. The **CAUSE OF DEATH*** was as follows:

Phthisis Pulmonalis

Contributory N (Duration) yrs. mos. ds.
(SECONDARY)
(Signed) J. E. Davis, M. D.
Det (Address)

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

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

PLACE OF BURIAL OR REMOVAL Birmingham, Mich **DATE OF BURIAL** 11/14, 1912

UNDERTAKER Daniel Bell **ADDRESS** Birmingham, Mich