

FEB 7 1917

STATE OF WISCONSIN
Department of Health—Bureau of Vital Statistics

ORIGINAL CERTIFICATE OF DEATH

1 PLACE OF DEATH
City Washington
Township Adrian
or
Range
or
County

Registered No. 7

2 FULL NAME (No. Michel Schuk)
St. Ward

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

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED married
(Write the word)

DATE OF BIRTH July 7, 1836
(Month) (Day) (Year)

AGE 80 yrs. 7 mos. 18 ds. If LESS than 1 day, hour, or min.

OCCUPATION
a) Trade, profession, or particular kind of work Farmer 58

b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or country) Germany

10 NAME OF FATHER Joseph Schuk

11 BIRTHPLACE OF FATHER (State or country) Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mr. Michel Schuk
(Address) Schleisengraben

18 Oct 20 1916 Job B. Kueppers REGISTRAR
191 SUB-REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 19 1916
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 1911 to Oct 19 1916
that I last saw him alive on Oct 18 1916
and that death occurred on the date stated above, at 6 m.

The CAUSE OF DEATH* was as follows:
myocardial regurgitation
(Duration) 4 yrs. 0 mos. 0 ds.

Contributory (SECONDARY) (Duration) 4 yrs. 0 mos. 0 ds.
(Signed) Dr. K. K. K. K. M. D.
Oct 20 - 1916 (Address) Schleisengraben

*State the disease causing death, or in deaths from violent causes state (1) means of injury; (2) whether accidental, suicidal, or homicidal.

16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death 4 yrs. 0 mos. 0 ds. In the State 4 yrs. 0 mos. 0 ds.

Where was the disease contracted, if not at place of death?
Former or usual residence 4

19 PLACE OF BURIAL OR REMOVAL St. Lawrence DATE OF BURIAL 10/23 1916

20 UNDERTAKER Aug Ritzel ADDRESS Adrian

This is to certify that this is a true and correct reproduction of the record filed in the Wisconsin Department of Health and Social Services, Division of Health.
R. D. Nashold
R. D. Nashold, Ph. D.
State Registrar
Date: December 8, 1976



DOES NOT CIRCULATE

The Orange County
Genealogical Soc.

DOES NOT CIRCULATE