

PLACE OF DEATH			STATE OF MICHIGAN	
County <u>Genesee</u>			Department of State--Division of Vital Statistics	
Township <u>Burton</u>			CERTIFICATE OF DEATH	
Village _____			JUN 6 1911 Registered No. <u>14</u>	
City _____ (No. _____ St.; _____ Ward)			[If death occurred in a hospital or institution, give the NAME instead of street and number.]	
FULL NAME <u>Charles Gillmore</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	MARITAL STATUS <u>Widowed</u>	DATE OF DEATH <u>May 13</u> , 191 <u>1</u>	
DATE OF BIRTH <u>Not known</u>			I HEREBY CERTIFY, That I attended deceased from <u>April 1</u> , 191 <u>1</u> , to <u>May 13</u> , 191 <u>1</u> .	
AGE <u>55</u> yrs. <u>0</u> mos. <u>0</u> ds. <u>0</u> hrs. <u>0</u> min.			that I last saw him alive on <u>May 10</u> , 191 <u>1</u> , and that death occurred, on the date stated above, at <u>9</u> a.m.	
OCCUPATION <u>Saw filler</u>			The CAUSE OF DEATH* was as follows: <u>Prostatic abscess</u>	
BIRTHPLACE (State or country) <u>Canada</u>			Contributory <u>Chronic cystitis</u>	
NAME OF FATHER <u>Not known</u>			(Duration) <u>2</u> yrs. <u>10</u> mos. <u>0</u> ds.	
BIRTHPLACE OF FATHER (State or country) <u>Not known</u>			(Signed) <u>W. H. Winchester</u> , M. D.	
MAIDEN NAME OF MOTHER <u>Not known</u>			<u>May 19</u> , 191 <u>1</u> . (Address) <u>Front Street</u>	
BIRTHPLACE OF MOTHER (State or country) <u>Not known</u>			*State the DISEASE CAUSING DEATH, or if death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
(Informant) <u>Thomas Morrill</u>			At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
(Address) <u>417-4 Ave East</u>			Where was disease contracted, if not at place of death?	
Filed <u>May 20</u> 191 <u>1</u>			Form of disease _____	
<u>Registrar</u>			PLACE OF BURIAL OR REMOVAL <u>City Cem</u>	
<u>Lincoln 25x</u>			DATE OF BURIAL <u>May 17</u> , 191 <u>1</u>	
			REGISTRAR <u>A. W. Dodds</u>	
			ADDRESS <u>Front Street</u>	