

Register of Deaths, State of Michigan,

(Begin each year on a new page and with a new series of Registered Numbers. Register each Certificate immediately, and in the Order of Filing.)

REG. NO. AT DAY OF FILING	REGISTERED NUMBER AND DATE OF FILING	DATE OF DEATH			FULL NAME OF THE DECEASED	Sex.*	Color.*	Single, Married, Etc.*	AGE			PLACE OF DEATH	CAUSE OF DEATH		
		Month	Day	Year					Years	Months	Days		1. Disease or Injury. 2. Immediate Cause.	3. Contributory Cause. 4. Post Mortem.	
3 7/2 3	101	Oct	23	1921	Spencer Rich	M	W	M	70	9	10	Ward No. 1st 162 Ashfield	Anaemia & Stomach Trouble		
					<u>Transferred to next register</u>										
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*Use abbreviations in these columns:—Sex: M, male; F, female. Color: W, white; B, black; M, mulatto; I, Indian. CIVIL CONDITION: S, single; M, married; W, widow or widower; D, divorced. The data on Certificate in regard to age at marriage, number of children, etc., may be entered under name of deceased, if desired, no special column being reserved on Register therefor.