

PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County Willamum  
 Township Leelanau  
 or Village Northport  
 or City \_\_\_\_\_

CERTIFICATE OF DEATH

**AUG 6 1911** Registered No. 175  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

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

FULL NAME Henry Launoy Barnes

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1 SEX male 2 COLOR OR RACE White 3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) \_\_\_\_\_

4 DATE OF BIRTH July 15, 1904  
 (Month) (Day) (Year)

5 AGE 7 yrs. 13 mo. 13 ds. or If LESS than 1 day, \_\_\_\_ hrs. \_\_\_\_ min.?

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

7 BIRTHPLACE (State or country) Northport Mich

8 NAME OF FATHER Genl A Barnes

9 BIRTHPLACE OF FATHER (State or country) Mich

10 MAIDEN NAME OF MOTHER Mary E Caswell

11 BIRTHPLACE OF MOTHER (State or country) Mich

12 DATE OF DEATH July 31, 1911  
 (Month) (Day) (Year)

13 I HEREBY CERTIFY, That I attended deceased from July 29, 1911 to July 31, 1911, that I last saw him alive on July 31, 1911, and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH\* was as follows:  
Acute nephritis following recovery from measles  
 (Duration) yrs. mos. ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) yrs. mos. ds.  
 Signed: Robert C. Geland M. D.  
July 31, 1911 (Address) Northport, Mich

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

14 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 \_\_\_\_\_

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Mrs. Mary E. Barnes  
 (Address) Northport Mich.

15 PLACE OF BURIAL OR REMOVAL Marion Mich DATE OF BURIAL Aug 1, 1911  
 16 UNDERTAKER Wm J Thomas ADDRESS Northport

15 SIGNATURE OF REGISTRAR August A. P. Humphreys  
 REGISTRAR