

James M. Adams Death Certificate

Write Plainly with Unfading Ink—This is a Permanent Record.

MICHIGAN
DEPARTMENT OF STATE
LANSING
VITAL STATISTICS DIVISION.
CERTIFICATE AND RECORD OF DEATH.

County Washtenaw
Township Williamston
Village Williamston
City _____

REGISTRATION DISTRICT NO. _____
REGISTERED NO. _____

Full name James M Adams Date of death

MONTH	DAY	YEAR
Nov	4	1899

Place of death if in City Williamston Sex Male Race White

Single, married, widowed or divorced Married Age 83

(If married, age at first marriage 21 years)
(Number of 10 children, of whom 6 are living. Residence (State or country) New York State)

Occupation Carpenter

Name of father John Adams (Residence of father (State or country) New York)
Name of mother Nancy Jane Whitcomb (Residence of mother (State or country) New York)

Date of burial or removal _____

Place of burial or removal _____

Signature of undertaker W. G. Whitcomb (Address of undertaker _____)

Certificate of Reporter.
The personal and family particulars herein given relative to deceased are true to the best of my knowledge and belief. Witness my hand this 4th day of Nov 1899.
(Signature) J. B. Adams
(Address) _____

Medical Certificate of Cause of Death.

I hereby certify that I attended deceased from Oct 13th 99 that I last saw L. Adams alive on Oct 10th 99 that he died on Nov 4th 99 about 11 o'clock, U. M. and that to the best of my knowledge and belief the CAUSE OF DEATH was as hereunder written:

POSITIVE CAUSE OF DEATH Paralysis DURATION OF EACH CAUSE 27 re.

Immediate cause of death _____

Contributory cause or complication, if any _____

Full name _____

*In case of a violent death, state (1) mode of injury and whether accidental, suicidal or homicidal; (2) what was the nature of the injury and the immediate cause of death; (3) contributory causes or conditions, e. g., septicemia. Also whether operation was performed, etc. In deaths from tuberculosis, cancer, etc., always specify what organ or part of the body was affected. In septicemia, give cause, especially if purpura.

Witness my hand this 11th day of Nov 1899.
Signature of physician Dr. Shumway M. D.
(Address) Williamston