

Philip H. Paine Death Certificate

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
<p>1 PLACE OF DEATH County <u>Ingham</u> Township _____ Village _____ City <u>Grand Rapids</u> (No. of death occurred in a hospital or institution, give its NAME instead of street and number) 2 FULL NAME <u>Phillip H. Paine</u> a) Residence No. <u>716 Princeton St.</u> Ward _____ St. _____ (Usual place of abode) (If non-resident give city or town and state) Length of residence in city or town where death occurred yrs. mos. ds. For long in U. S. if of foreign birth? yrs. mos. ds.</p>		<p>133 5849 Register No. <u>860</u></p>	
<p>3 SEX <u>Male</u> 4 Color or Race <u>White</u> 5 Single, Married, Widowed or Divorced (WRITE the word) <u>Married</u> 6a If married, widowed or divorced HUSBAND of (or) WIFE of <u>Francis M. Paine</u> 6 DATE OF BIRTH (Month, day and year) <u>July 3 1838</u> 7 AGE Years <u>90</u> Months <u>5</u> Days <u>3</u> If LESS than 1 day hrs. OR min.</p>		<p>16 DATE OF DEATH (Month, day and year) <u>Dec. 6, 1928</u> 17 I HEREBY CERTIFY, that I attended deceased from <u>Nov. 12, 1928</u> to <u>Dec. 4, 1928</u> and that I last saw him alive on <u>Dec. 4, 1928</u> and that death occurred on the date stated above at <u>3:54 a.m.</u> The CAUSE OF DEATH* was as follows: <u>Heart failure in</u> <u>atrial fibrillation</u> (duration) yrs. mos. ds. <u>0 0 0</u></p>	
<p>8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work <u>Retired Clerk</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>15</u> (c) Name of employer.</p>		<p>CONTRIBUTORY (Secondary) _____ (duration) yrs. mos. ds. _____</p>	
<p>9 BIRTHPLACE (city or town) (state or country) <u>Font England</u></p>		<p>18 Where was disease contracted If not at place of death? _____ Did an operation precede death? <u>W</u> Date of _____ Was there an autopsy? <u>W</u> What test confirmed diagnosis? _____ (Signature) <u>R. L. Pausack</u> M. D. 19 Address <u>_____</u></p>	
<p>10 NAME OF FATHER <u>David Paine</u></p>		<p>*Part of the Disease Causes' Death, or in Deaths from Violent Causes, state (1) - means and nature of injury, and (2) whether accidental, suicidal, or homicidal. (See reverse side for further instructions.)</p>	
<p>11 BIRTHPLACE OF FATHER (city or town) (state or country) <u>England</u></p>		<p>14 Informant <u>Francis M. Paine</u> (Address) <u>716 Princeton St. Grand Rapids</u></p>	
<p>12 MAIDEN NAME OF MOTHER <u>Martha Paine</u></p>		<p>15 PLACE OF BURIAL, CREMATION OR REMOVAL <u>St. Paul's Church</u> 16 UNDERTAKER <u>James E. Co. Lansing</u></p>	
<p>13 BIRTHPLACE OF MOTHER (city or town) (state or country) <u>England</u></p>		<p>Date of Burial <u>12/8/28</u></p>	
<p>14 Informant (Address) <u>716 Princeton St. Grand Rapids</u></p>		<p>15 PLACE OF BURIAL, CREMATION OR REMOVAL <u>St. Paul's Church</u> 16 UNDERTAKER <u>James E. Co. Lansing</u></p>	
<p>15 Filed <u>12/8</u> by <u>J. H. Kelly</u></p>		<p>Date of Burial <u>12/8/28</u></p>	