

Certificate of Death.

May 4, 1903

This Certifies That

Name *Charles R. Koppin*
Aged *75* years *1* month *5* days.
Born in *New York*
Died on the *4th* day of *May*
At *near Golo*
Single or Married *Married*
Sex *Male*; Race *Caucasian*
Occupation *Farmer*
J. H. Klett Undertaker.

Physician's Certificate.

I certify that I am a Graduate in Medicine, of the ~~College of~~ *Ashmun*
Med. College of Chicago, and that I attended the above
described decedent from *March* to *May 4*, 1903; also
that the cause of *his* death was primarily *Apoplexy*
, and secondarily
Elliot D. Smith, M. D.

The law requires this to be filled out in full by a graduate in medicine, or by the Coroner in cases which properly come within his jurisdiction, and this certificate must be presented to the proper officer [Health Officer or Coroner] before a permit for burial can be granted.