

1 PLACE OF DEATH
County Eaton

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Township
Village Vermontville

Registered No. 13

City (No. (If death occurred in a hospital or institution, give its NAME instead of street and number.) St. Ward)

2 FULL NAME W. Nelson House

(a) Residence. No. (Usual place of abode.) St., Ward.
Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race white 5 Single, Married, Widowed or Divorced (write the word.) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (Month, day and year.) Nov 4 1841

7 AGE Years Months Days If LESS than 1 day, hrs. OR min.
88 7 10

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ontario

10 NAME OF FATHER John House

11 BIRTHPLACE OF FATHER (city or town) (State or country) not known
new york

12 MAIDEN NAME OF MOTHER Katherine Fitz

13 BIRTHPLACE OF MOTHER (city or town) (state or country) new york

14 Informant John W. Wagner
(Address) Vermontville

15 Filed 6/14, 1930 Clawson
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) June 14 1930

17 I HEREBY CERTIFY that I attended deceased from June 12, 1930, to June 14, 1930 that I last saw him alive on June 14, 1930 and that death occurred on the date stated above at 3 p.m.

The CAUSE OF DEATH* was as follows:

Angina pectoris

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 5 yrs. 5 mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. L. R. roughlin, M. D.
6-14, 1930 Address Vermontville

*State the DISEASE CAUSING 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.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Wood Lawn Cem June 17 1930

2 UNDERTAKER

Address

Van. W. Pendell Bath

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.