

PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County Eaton

Township

Village VernontvilleRegistered No. 14City (No. St. Ward)
(if death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Eldora A. Kaine(a) Residence. No. Vernontville Mich. St., Ward.
(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. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race white 5 Single, Married, Widowed or Divorced (write the word.) Widowed5a If married, widowed, or divorced
HUSBAND of Emerson Kaine
(or) WIFE of6 DATE OF BIRTH (Month, day and year.) Dec 12th 18527 AGE Years Months Days If LESS than 1 day, hrs. OR min.
77 7 3

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer9 BIRTHPLACE (city or town) (State or country) New York10 NAME OF FATHER William Kaine11 BIRTHPLACE OF FATHER (city or town) (State or country) New York12 MAIDEN NAME OF MOTHER Unknown13 BIRTHPLACE OF MOTHER (city or town) (state or country) " "14 Informant Miss Newcomb
(Address)15 Filed July 15, 1930 Pauline
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) July 15th 1930

17 I HEREBY CERTIFY That I attended deceased from

, 19, to, 19

that I last saw him alive on, 19, and

that death occurred on the date stated above at m.

The CAUSE OF DEATH* was as follows:

Postnatal Thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) Robert L. Lofdahl M. D.July 15, 1930 Address Nashville, Mich.

*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

Funeral Home July 17, 1930

2 UNDERTAKER Address

K. K. Ward Vernontville

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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282