

County Eaton

Department of State—Division of Vital Statistics

Township

TRANSCRIPT OF CERTIFICATE OF DEATH

Village VernontvilleRegistered No. 15

City

(No. St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Phoebe C. Ransom(a) Residence. No. 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 or (or) WIFE of Wm. H. Ransom6 DATE OF BIRTH (Month, day and year) June 13th 18627 AGE Years Months Days If LESS than 1 day, hrs. OR min.
68 1 26

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 employer —9 BIRTHPLACE (city or town) (State or country) Mich.10 NAME OF FATHER Joe Chivers11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown12 MAIDEN NAME OF MOTHER unknown13 BIRTHPLACE OF MOTHER (city or town) (state or country) unknown14 Informant Walter Ransom
(Address) Vernontville15 Filed 8-12, 1930 Edw. Hind
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Aug 9th 193017 I HEREBY CERTIFY, That I attended deceased from Aug 3, 1930, to Aug 9, 1930, that I last saw her alive on Aug 8, 1930, and that death occurred on the date stated above at 7:09 a.m.The CAUSE OF DEATH* was as follows:
Acute Mitral Regurgitation heart following shock from broken fever
(duration) yrs. 7 mos. 7 ds.

CONTRIBUTORY (Secondary) (duration) yrs. 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. McLaughlin, M. D.
Aug 12, 1930, Address Vernontville

*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

Woodlawn Burial Aug 12 1930

2 UNDERTAKER Address

R. K. Ward VernontvilleWRITE 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.