STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 18

I PLACE OF DEATH

County Eaton

Township

Village Vermontville

City

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

2 FULL NAME Clyde B. Hawkins

(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	4 Color or Race	5 Single, Married, Widowed or Divorced (*write* the word.)
Male	White	Married

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

6 DATE OF BIRTH (Month, day and year.) Jan 3 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. OR ..... min.
	55	7	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Store

9 BIRTHPLACE (city or town) (State or country) Vermontville Mich

PARENTS

10 NAME OF FATHER Asa S. Hawkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mich

12 MAIDEN NAME OF MOTHER Lucinda Williams

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Mich

14 Informant Geo B. Hawkins

(Address) ~~Near~~ Layaway

15 Filed 9-18, 1930 Hans Kline Registrar.

MEDICAL CERTIFICATE OF DEATH

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

17 I HEREBY CERTIFY, That I attended deceased from Aug 20, 1930, to Sept 16, 1930.

that I last saw ~~him~~ alive on Sept 16, 1930 and

that death occurred on the date stated above at 5 p m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

Influenza

(duration) yrs. 6 mos. 16 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. W. McLaughlin M. D.

9-18 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
Vermontville	9-18 1930
2 UNDERTAKER	Address
K. K. Ward	Vermontville

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.

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