

1 PLACE OF DEATH
County Eaton
Township Vermontville
Village Vermontville
City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 19

2 FULL NAME Charles Van Epps

(a) Residence. No. _____ St., Ward. _____
(Usual place of abode.)
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 Male 4 Color or Race white 5 Single, Married, Widowed or Divorced (write the word.) Married

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

6 DATE OF BIRTH (Month, day and year.) June 11 1844

7 AGE Years Months Days If LESS than 1 day, _____ hrs. OR _____ min.
86 4 15

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) Unionville Ohio

10 NAME OF FATHER Daniel Vayeppe

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

12 MAIDEN NAME OF MOTHER Marion Parks

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

14 Informant Mrs. Carrie Vayeppe
(Address) Vermontville

15 Filed 10-29-30 Chas. Hime
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Oct 26 1930

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1930, to Oct 26, 1930

that I last saw him live on Oct 26, 1930 and that death occurred on the date stated above at 8 P. m.

The CAUSE OF DEATH* was as follows:

Senile Dementia

(duration) 3 yrs. _____ mos. _____ ds.

CONTRIBUTORY arterio sclerosis
(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) Dr. H. M. Lang M.D.

10-29-30 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

Banyville Cem Date of Burial 10-29-30

2 UNDERTAKER Chas. Hime Address Vermontville

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.