STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 2

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 John J. Gainger

(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	widowed

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

6 DATE OF BIRTH (Month, day and year.) Aug 28 - 1855

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. OR ..... min.
75	5	19	

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) Michigan

PARENTS

10 NAME OF FATHER Ed L. Gainger

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

12 MAIDEN NAME OF MOTHER Mary Mensch

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

14 Informant Earl Gainger
(Address) R.F.D. 3, Vermontville

15 Filed 2-25, 1931 Olen Fine
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Feb 24 17 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Feb 17, 1931
that I last saw him alive on Feb 17, 1931 and
that death occurred on the date stated above at 8:45 P. m.

The CAUSE OF DEATH* was as follows:
Angina Pectoris
Edema Dropsy
Arteria Sclerosis
(duration) 4 yrs. 3 mos. 1 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) C. R. McLaughlin, M. D.
2-25, 1931, 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 Penn	2-25 1931
2 UNDERTAKER R. R. Ward	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.

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

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