STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 8

1 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 Alta Dean

(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.)
Female	white	married

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Loren Dean

6 DATE OF BIRTH (Month, day and year) Jan 3-1907

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. OR ..... min.
24	10	5	

8 OCCUPATION OF DECEASED

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

(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) Hastings mich

PARENTS

10 NAME OF FATHER Arthur Crook

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

12 MAIDEN NAME OF MOTHER May Dilger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hastings

14 Informant Lauren Dean

(Address) Vermontville

15 Filed Nov 9, 1931 Chas Kline Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Nov 6 1931

17 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

that I last saw h[illegible] alive on ....., 19..... and

that death occurred on the date stated above at 1 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Tuberculosis Bronchitis

Hæmoptysis

Abscess of Bronchus

.....(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? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) L. L. D. McLaughlin M. D.

Nov 9. 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
Evergreen Cem	Nov 9 1931
20 UNDERTAKER	Address
L. A. Ward	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.

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