STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 10

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 John Chas Roberts

(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~~ Dell Roberts

6 DATE OF BIRTH (Month, day and year.) Aug 24 - 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. OR ....min.
	74	3	29	

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) Bowersville Ohio

PARENTS

10 NAME OF FATHER Jake Roberts

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

12 MAIDEN NAME OF MOTHER Limbaugh

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

14 Informant C. J. Roberts

(Address) Vermontville

15 Filed 12-26, 1931 Chas Kline Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 12-23 1931

17 I HEREBY CERTIFY, That I attended deceased from 2-11, 1930, to 12-23, 1931

that I last saw him alive on 12-23, 1931 and

that death occurred on the date stated above at 11:30 p.m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos. ds. 1/2 hr

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 2 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) Stewart Lafdall, M. D.

12-26, 1931 Address Nashville Mich

*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
Maple Hill Cem	12-26 1931
2 UNDERTAKER K. K. 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.

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