

County Eaton

Department of State—Division of Vital Statistics

Township \_\_\_\_\_

## TRANSCRIPT OF CERTIFICATE OF DEATH

Village HamontvilleRegistered No. 1City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Adeline Wheaton(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 <u>Female</u>	4 Color or Race <u>white</u>	5 Single, Married, Widowed or Divorced (write the word.) <u>Married</u>
5a If married, widowed, or divorced (or) WIFE of <u>Lynn Wheaton</u>		
6 DATE OF BIRTH (Month, day and year.) <u>Oct 22</u>		
7 AGE <u>47</u>	Years <u>2</u>	Months <u>23</u>
If LESS than 1 day, _____ hrs. OR _____ min.		

## 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)

10 NAME OF FATHER <u>John Smith</u>
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Germany</u>
12 MAIDEN NAME OF MOTHER <u>Porter</u>
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <u>on Atlantic Ocean</u>

14 Informant <u>Lynn Wheaton</u>
(Address) <u>Hamontville, Mich</u>
15 Filed <u>Jan 18</u> , 19 <u>32</u> <u>Louis L. Kine</u> Registrar.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH  
(Month, day and year) Jan 15 193217 I HEREBY CERTIFY That I attended deceased from 5-16, 1932 to 1-5, 1932  
that I last saw him alive on 1-15, 1932 and that death occurred on the date stated above at 1:25 p. m.

The CAUSE OF DEATH\* was as follows:

Generalized Tuberculosis  
pulmonary & Entire(duration) 28 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.CONTRIBUTORY myocardial Failure  
(Secondary) 2 yrs (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.18 Where was disease contracted  
if not at place of death? \_\_\_\_\_Did an operation precede death? no Date of \_\_\_\_\_Was there an autopsy? no

What test confirmed diagnosis? \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.

, 19 \_\_\_\_\_, Address \_\_\_\_\_

\*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

Woodlawn Cem Jan 18 1932

2 UNDERTAKER

Address

K K Ward Hamontville

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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