

## I PLACE OF DEATH

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County Exton

## TRANSCRIPT OF CERTIFICATE OF DEATH

Township ExtonRegistered No. 2Village ExtonvilleCity Extonville (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(if death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Frances Barber(a) Residence. No. Extonville Mich 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 Female 4 Color or Race white 5 Single, Married, Widowed or Divorced (write the word.) married5a If married, widowed, or divorced  
HUSBAND of Edward H. Barber  
(or) WIFE of6 DATE OF BIRTH (Month, day and year.) 2-27-18687 AGE Years Months Days If LESS than  
63 10 21 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.

## 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) Jackson Mich  
(State or country)10 NAME OF FATHER James Barber11 BIRTHPLACE OF FATHER (city or town) Watrous Mich  
(State or country)12 MAIDEN NAME OF MOTHER Julia Fitch13 BIRTHPLACE OF MOTHER (city or town) Pittsburg Mich  
(state or country)14 Informant Ed Barber  
(Address) Extonville Mich15 Filed Jan 21, 1932 Day Time  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Jan 18 193217 I HEREBY CERTIFY That I attended deceased from Jan 16, 1932, to Jan 18, 1932that I last saw him alive on Jan 18, 1932 and that death occurred on the date stated above at 8 P. M.

The CAUSE OF DEATH\* was as follows:

Diabetes 8 yrs  
Gravidic coma of this

(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) E. Morris M. D.  
Jan 21, 1932 Address Extonville

\*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 Bur Jan 21, 1932

2 UNDERTAKER Address

K. K. Ward Extonville

WRITE PLAIN, UNFADING INK—THIS IS A PERMANENT RECORD

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.