STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 8

I 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 Ettie E. Hallenbeck

(a) Residence. No. Vermontville 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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (*write* the word.)
Female	White	Widow

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Cornelius A. Hallenbeck

6 DATE OF BIRTH (Month, day and year.) Dec 28 - 1847

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. OR ....min.
84	1	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) Wilson New York

PARENTS

10 NAME OF FATHER Lemuel Kent

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Katie Brace

13 BIRTHPLACE OF MOTHER (city or town) (state or country) New York

14 Informant Byron Hallenbeck

(Address) Vermontville Mich

15 Filed Feb 29, 1932 Clara Hine Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Feb 27 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1932, to Feb 27, 1932 that I last saw her alive on Feb 27, 1932 and that death occurred on the date stated above at 7 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia
2 wks

(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) C. S. Snell M. D.

Feb 29 1932 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 Woodlawn Cem — Date of Burial Feb 27 1932

2 UNDERTAKER K.K. Ward Vermontville — Address

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