STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 4

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 Rosina Clears.

(a) Residence. No. Vermontville 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	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emanuel Clears

6 DATE OF BIRTH (Month, day and year.) Feb-12. 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. OR ..... min.
	77	0	23	

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) New York.

PARENTS

10 NAME OF FATHER August Bozonson.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pain France

12 MAIDEN NAME OF MOTHER Mary Vinsay.

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

14 Informant Roy Wicker.

(Address) Vermontville

15 Filed March 24, 1932 Floyd Hiatt. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) March. 5. 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb., 1932, to March. 5., 1932

that I last saw h~~e~~ alive on March. 5, 1932 and that death occurred on the date stated above at 8½ a.m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation Heart

Exhaustion following attack of acute indigestion

(duration) 3 Hrs mos. ds.

CONTRIBUTORY (Secondary)

Sugar Diabetis (duration) 5 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?

What test confirmed diagnosis?

(Signed) C. A. D. McLaughlin, M. D.

, 19 , 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
Woodlawn Cem.	March 7, 1932
2 UNDERTAKER K. K Ward	Address Vermontville

WRITE PLAINLY, WITH 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.

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