

1 PLACE OF DEATH
County Eaton

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Township
Village Vermontville

Registered No. 5

City (No. death occurred in a hospital or institution, give its NAME instead of street and number.)
St. Ward

2 FULL NAME Howard S. Schaffer

(a) Residence. No. Vermontville 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. (If non-resident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---------------------------------|--|
| 3 SEX <u>Male</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 HUSBAND of <u>Mary E. Schaffer</u> (or) WIFE of | | |
| 6 DATE OF BIRTH (Month, day and year.) <u>Dec 20, 1853</u> | | |
| 7 AGE | Years <u>78</u> | Months <u>2</u> |
| | Days <u>17</u> | If LESS than 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) Hampstead
(State or country) Maryland

10 NAME OF FATHER Jacob S. Schaffer

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth S. Schaffer

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

14 Informant Mrs. Mary S. Schaffer
(Address) Vermontville

15 Filed March 24, 1932 Lloyd J. Hett
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) March 7, 1932

17 I HEREBY CERTIFY, That I attended deceased from March 6, 1932 to March 7, 1932

that I last saw him alive on March 6, 1932 and that death occurred on the date stated above at 1 A.M.

The CAUSE OF DEATH* was as follows:

Chlophly
Arterio Sclerosis
Chlophly (duration) 1 min. yrs. mos. d.

CONTRIBUTORY (Secondary)
Arterio (duration) 2 yrs. mos. d.

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) L. D. My Laughlin M.
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 HOICIDAL. (See reverse side for further instructions.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Woodlawn Cem. Date of Burial March 9, 1932

2 UNDERTAKER

W. H. Ward Address Vermontville