STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 6

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 Ethel Irene Gehman

(a) Residence. No. 6 Main St 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	Married

5a If married, widowed, or divorced (or) WIFE of ~~HUSBAND of~~ Wm Gehman

6 DATE OF BIRTH (Month, day and year.) Jan. 2nd 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. OR min.
	62	4	8	

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) Hillsdale Mich.

PARENTS

10 NAME OF FATHER Chas Fuller.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Macon Georgia

12 MAIDEN NAME OF MOTHER Eliza Barber

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

14 Informant Wm Gehman

(Address) Vermontville

15 Filed May 13, 1932 Lloyd J Hall Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) May 10. 1932

17 I HEREBY CERTIFY, That I attended deceased from 3-17, 1931, to 5-10, 1932, that I last saw h[illegible] alive on 5-10, 1932 and that death occurred on the date stated above at 7P m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis.

3 Hrs (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Auto Collision

(duration) 10 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) Stewart Setzstahl M. D.

, 19 , Address Nashville

*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 Kalamo Cem.

Date of Burial May 13 1932

2 UNDERTAKER K. K Ward

Address Vermontville

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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