

PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County Caton

TRANSCRIPT OF CERTIFICATE OF DEATH

Township VermontvilleRegistered No. 10Village VermontvilleCity (No. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Minerva Ellen Hess(a) Residence No. (Usual place of abode.)

St., Ward.

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 Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Widowed5a If married, widowed, or divorced HUSBAND of Charles M. Hess (or) WIFE of6 DATE OF BIRTH (Month, day and year.) Sept. 2, 18567 AGE Years Months Days If LESS than 1 day, hrs. OR min. 76 3 17

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) Payette (State or country) Idaho10 NAME OF FATHER Dan J. Hall11 BIRTHPLACE OF FATHER (city or town) Idaho (State or country)12 MAIDEN NAME OF MOTHER Wilkinson13 BIRTHPLACE OF MOTHER (city or town) New York (state or country)14 Informant Harold Hess (Address) Bartholomew Mich.15 Filed Jan 3, 1933 Edg. G. Hett Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Dec 19, 193217 I HEREBY CERTIFY, That I attended deceased from Aug 23, 1931, to Dec 18, 1932that I last saw her alive on Dec 18, 1932, and that death occurred on the date stated above at 10 P. m.

The CAUSE OF DEATH* was as follows:

Aproplexy followed by
Coronary artery degeneration(duration) 1 yrs. 4 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) L. D. McLaughlin M. D. Dec 21, 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 Date of Burial

Woodlawn 12 22 1932

20 UNDERTAKER Address

Ralph Hess Vermontville

M. 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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