

County Caton

Department of State—Division of Vital Statistics

Township

## TRANSCRIPT OF CERTIFICATE OF DEATH

Village HermantelleRegistered No. 11

City

(No. Hall Hospital St.      Ward     )  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Darrel Inghes Gray(a) Residence. No.      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.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Single5a If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of     6 DATE OF BIRTH (Month, day and year) July, 27, 19287 AGE Years 4 Months 4 Days 24 If LESS than 1 day, hrs. OR min.

## 8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work     (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) Michigan10 NAME OF FATHER Leon Gray11 BIRTHPLACE OF FATHER (city or town) (State or country) Michigan12 MAIDEN NAME OF MOTHER Jessie Stantall13 BIRTHPLACE OF MOTHER (city or town) (state or country) Ohio14 Informant Leon Gray  
(Address) Hermantelle15 Filed Jan 3, 1933 Lloyd J. Hett  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Dec 21, 193217 I HEREBY CERTIFY, That I attended deceased from 7-8, 1931, to 12-21, 1932, that I last saw him alive on 12-21, 1932 and that death occurred on the date stated above at 4:30 P.M.

The CAUSE OF DEATH\* was as follows:

Acute basal Paralysis(duration) yrs. 2 mos. 2 ds.CONTRIBUTORY Staphylococcus Septicemia  
(Secondary)(duration) yrs. 2 mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12-20-32Was there an autopsy? YesWhat test confirmed diagnosis? Examination  
(Signed) Stewart D. Hobb M. D.  
12-23, 1932 Address Hermantelle Mich.

\*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

Wilcox Cemetery 12-24 19322 UNDERTAKER Address Ralph Hett Hermantelle