

County Eaton

Department of State—Division of Vital Statistics

Township Vermontville

TRANSCRIPT OF CERTIFICATE OF DEATH

Village VermontvilleRegistered No. 2City (No. St. Ward)

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

2 FULL NAME Edwin A. Garrett(a) Residence. No. 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 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Married16 DATE OF DEATH (Month, day and year) May 16, 19335a If married, widowed, or divorced
HUSBAND of Bernice Garrett
(or) WIFE of Bernice Garrett17 I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to May 15, 1933, that I last saw him alive on May 15, 1933, and that death occurred on the date stated above at 12:30 a.m.6 DATE OF BIRTH (Month, day and year.) May 12, 1852

The CAUSE OF DEATH* was as follows:

7 AGE Years Months Days If LESS than 1 day, hrs. OR min.
81 0 4 OR min.Arterio Sclerosis
Senile Dementia

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

(duration) 3 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

9 BIRTHPLACE (city or town) Dale
(State or country) Miss18 Where was disease contracted
If not at place of death?10 NAME OF FATHER Peter Garrett

Did an operation precede death? Date of

11 BIRTHPLACE OF FATHER (city or town) Charita
(State or country) Mich

Was there an autopsy?

12 MAIDEN NAME OF MOTHER Jerusha Barnes

What test confirmed diagnosis?

13 BIRTHPLACE OF MOTHER (city or town) Monroe
(state or country) Mich(Signed) L. L. McLaughlin M. D.
, 19 1933, Address Vermontville, 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.)

14 Informant Mrs Bernice Garrett
(Address) Vermontville

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Woodlawn Cem May 18 193315 Filed May 18, 1933 L. Lloyd Hottel
Registrar.2 UNDERTAKER Address
H. H. Ward Vermontville