

I PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County Calum

Township

Village Vermontville

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 3

City

(No.

St.

Ward)

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

2 FULL NAME Mrs. Carrie Van Epps

(a) Residence. No.

St., Ward.

(Usual place of abode.)

Length of residence in city or town where death occurred / 0 yrs.

mos.

ds.

How long in U. S., if of foreign birth

yrs.

mos.

ds.

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 (or) WIFE of Charles Van Epps6 DATE OF BIRTH (Month, day and year.) Oct. 1, 18477 AGE Years Months Days If LESS than 1 day, hrs. OR min. 85 6 19

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Home keeper.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Fort Wayne (State or country) Ind.10 NAME OF FATHER Smithers11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)12 MAIDEN NAME OF MOTHER Unknown13 BIRTHPLACE OF MOTHER (city or town) Unknown (state or country)14 Informant Mrs. J. L. Northrup (Address) Vermontville15 Filed May 22, 1933 Lloyd G. Hett Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) May 20 193317 I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to May 20, 1933, that I last saw her alive on May 20, 1933, and that death occurred on the date stated above at 9:30 p.m.

The CAUSE OF DEATH* was as follows:

Stroke at foot
Arterio Sclerosis

(duration) yrs. 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) E. L. O. McLaughlin, M. D., 19 1933, 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

BarnvilleMay 23, 1933

2 UNDERTAKER

Address

Ralph V. HessVermontville

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