STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 4

I 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 Earl Burdette Hammond

(a) Residence. No. ... St., Ward.
(Usual place of abode.)
Length of residence in city or town where death occurred 50 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	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word.)
Male	White	Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Clara E Hammond

6 DATE OF BIRTH (Month, day and year.)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. OR ... min.
	81	8	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Jeweler

(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) Indianna

PARENTS

10 NAME OF FATHER Barton Hammond

11 BIRTHPLACE OF FATHER (city or town) (State or country) Indianna

12 MAIDEN NAME OF MOTHER Savanath Van Pifft

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Ind.

14 Informant Harry Hammond

(Address) Vermontville Mich

15 Filed 2/24, 1934 H H Hubbs Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 3/22 1934

17 I HEREBY CERTIFY, That I attended deceased from March 12, 1934, to March 22, 1934, that I last saw him alive on March 21, 1934 and that death occurred on the date stated above at 8:10 p.m.

The CAUSE OF DEATH* was as follows:

Tubercular laryngitis

(duration) ... yrs. 4 mos. ... ds.

CONTRIBUTORY (Secondary) Suppurent Bronchitis

(duration) ... yrs. 2 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) C L D McLaughlin M. D.

, 19 , 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.)

19 PLACE OF BURIAL, ~~CREMATION~~ OR REMOVAL Woodlawn Cemetery — Date of Burial 3/25 1934

2 UNDERTAKER H W 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.

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