STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 6

1 PLACE OF DEATH

County Eaton Rep to co clerk 4/4

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 Charles Sampson Snell

(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 ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

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~~ Flora Snell

6 DATE OF BIRTH (Month, day and year.) Sept 10 1845

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. OR ..... min.
88	6	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired M.D.
(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) Vermont

PARENTS

10 NAME OF FATHER Curtis Snell

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

12 MAIDEN NAME OF MOTHER Unknown

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

14 Informant Leroy Snell
(Address) Detroit Mich.

15 Filed 3/31, 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 3/30 1934

17 I HEREBY CERTIFY, That I attended deceased from 3-24, 1934, to 3-30, 1934

that I last saw ~~him~~ alive on 3/29, 1934 and

that death occurred on the date stated above at 1 15 ~~a.m.~~ p.m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(duration) 1 yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arteria Ectasis

(duration) 5 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) C L D McLaughlin M. D.

, 19 , 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 Woodlawn Cemetery — Date of Burial 4/1 1934

2 UNDERTAKER R R 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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