

I PLACE OF DEATH

5/11 to Stat  
10/9 to Clerk

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County Eaton

Township

Village VermontvilleRegistered No. 8

City

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Joseph Bronson Stone

(a) Residence No. \_\_\_\_\_

St., Ward. \_\_\_\_\_

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.)

MaleWhiteWidowed5a If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofEllen Stone6 DATE OF BIRTH  
(Month, day and year.)April 24 1844

7 AGE

Years

Months

Days

If LESS than

90--1 day, \_\_\_\_\_ hrs.  
OR \_\_\_\_\_ min.

8 OCCUPATION OF DECEASED

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

Retired Bricklayer

(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)Lewiston  
N. Y.

10 NAME OF FATHER

Chancy Stone11 BIRTHPLACE  
OF FATHER (city or town)  
(State or country)unknown  
New England12 MAIDEN NAME  
OF MOTHERMary Unknown13 BIRTHPLACE  
OF MOTHER (city or town)  
(state or country)Canadian

14 Informant

Alma Faust

(Address)

Vermontville, Mich

15

Filed 5/23, 1934H. H. Hubbs

Registrar.

## TRANSCRIPT OF CERTIFICATE OF DEATH

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month, day and year)

4-211934

17 I HEREBY CERTIFY, That I attended deceased from

4-12, 1934, to4-21, 1934that I last saw him alive on 4-20, 1934 andthat death occurred on the date stated above at 12:00 m.

The CAUSE OF DEATH\* was as follows:

Organic Heart Disease  
Arterio Sclerosis(duration) 5 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) C. F. D. McLaughlin, M. D.

, 19 \_\_\_\_\_, Address \_\_\_\_\_

\*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

4/24/34 Woodlawn

19

2 UNDERTAKER

Address

Ralph W. HersNashville

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