

M. 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.

1 PLACE OF DEATH		STATE OF MICHIGAN	
County <u>Eaton</u>		Department of State - Division of Vital Statistics	
Township <u>Vermontville</u>		TRANSCRIPT OF CERTIFICATE OF DEATH	
Village <u>Vermontville</u>		Registered No. <u>10</u>	
City <u>Alfred M. Briggs</u>		(No. of death occurred in a hospital or institution, give its NAME instead of street and number.)	
2 FULL NAME <u>Alfred M. Briggs</u>		St., Ward.	
(a) Residence. No. <u>Alfred M. Briggs</u>		(Usual place of abode.)	
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 <u>Male</u>	4 Color of Race <u>White</u>	5 Single, Married, Widowed or Divorced <u>Married</u>	
5a If married, widowed or divorced			
HUSBAND of <u>Addie M. Briggs</u>			
(or) WIFE of			
6 DATE OF BIRTH (Month, day and year.) <u>10-29-1850</u>			
7 AGE	Years <u>83</u>	Months <u>7</u>	Days <u>15</u>
If LESS than 1 day.....hrs. OR.....min.			
8 OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work <u>Retired</u>			
(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) <u>Kalamazoo Mich.</u>			
10 NAME OF FATHER <u>Abel Briggs</u>			
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Vermont</u>			
12 MAIDEN NAME OF MOTHER <u>Harriett Pratt</u>			
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <u>Waltham Mass.</u>			
14 Informant <u>Bud Halliwell</u>			
(Address) <u>Vermontville</u>			
15 Filed <u>6/16, 1934</u> <u>L.H. Hubbs</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH (Month, day and year) <u>6/14 1934</u>			
17 I HEREBY CERTIFY, That I attended deceased from <u>May 14, 1934</u> , to <u>June 14, 1934</u>			
that I last saw him alive on <u>June 13, 1934</u> and that death occurred on the date stated above at <u>9:30 a.m.</u>			
The CAUSE OF DEATH* was as follows: <u>Senile Dementia</u>			
(duration) <u>1</u> yrs.....mos.....ds.			
CONTRIBUTORY (Secondary)			
(duration) <u>1</u> 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) <u>C. H. McLaughlin</u> M. D.			
, 19 <u>1934</u> , Address <u>Vermontville</u>			
*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 <u>Woodlawn Cemetery</u> Date of Burial <u>6/16 1934</u>			
2 UNDERTAKER <u>H. H. Hall</u> Address <u>Vermontville</u>			