

1 PLACE OF DEATH

County Eaton

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Township VermontvilleRegistered No. 11City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Lucias Gail McClinton(a) Residence. No. Palermo Trp, Eaton Co. St., Ward.(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 Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Married5a If married, widowed, or divorced
HUSBAND of Marie I. McClinton
(or) WIFE of6 DATE OF BIRTH (Month, day and year.) May 27, 18947 AGE Years 38 Months 2 Days 13 If LESS than 1 day, hrs. OR min.

8 OCCUPATION OF DECEASED

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

(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) Eaton Co10 NAME OF FATHER Fred G. McClinton11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio12 MAIDEN NAME OF MOTHER Helen Kingman13 BIRTHPLACE OF MOTHER (city or town) (state or country) Eaton Co14 Informant Howard McClinton
(Address) Charlotte Mich15 Filled 8/13, 1934 L.P. Hubbs
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Aug 10 1934

17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

that I last saw h_____ alive on _____, 19____ and that death occurred on the date stated above at 7:30 p.m.

The CAUSE OF DEATH* was as follows:

Injuries Received in
Auto + Train Collision
Death instantly

(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? No Date of _____Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. C. Cherry M. D.
19____, Address Charlotte 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 Date of Burial 8/13 1934
Maple Hill Cemetery Charlotte2 UNDERTAKER Address Paul Davidson - Bellevue Mich

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR ENDORSEMENTS—THIS IS A PERMANENT RECORD