

PLACE OF DEATH

STATE OF MICHIGAN

County Eaton

Department of State, Division of Vital Statistics

Township

TRANSCRIPT OF CERTIFICATE OF DEATH

Village HermontvilleRegistered No. 18City Franklin, Ellsworth, Gay (No. of death occurred in a hospital or institution, give its NAME instead of street and number.) St. Ward)

2 FULL NAME

(a) Residence. No. Franklin, Ellsworth, Gay St., Ward. (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 Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word) Married5a If married, widowed, or divorced HUSBAND of Martha Harriet Gay (or WIFE of)6 DATE OF BIRTH (Month, day and year) April 7 18637 AGE Years 71 Months 5 Days 20 If LESS than 1 day, hrs. OR min.

8 OCCUPATION OF DECEASED

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

(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) Indiana10 NAME OF FATHER Adam Gay11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany12 MAIDEN NAME OF MOTHER Christina Moore13 BIRTHPLACE OF MOTHER (city or town) (state or country) Penn.14 Informant Howard Gay (Address) Wicksburg Mich15 Filled 10/9, 1934 L. H. Hubbs Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 10/7 193417 I HEREBY CERTIFY, That I attended deceased from Oct 7, 1934, to Oct 7, 1934 that I last saw him alive on Oct 7, 1934, and that death occurred on the date stated above at 1:40 p.m.

The CAUSE OF DEATH* was as follows:

Apoplexy Minutes
Angina Pectoris 3 mo
Arterio Sclerosis yr

(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? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. W. Laughlin M.D.

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Address Hermontville

*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

Woodlawn Cemetery 10/10 1934

2 UNDERTAKER

Address

Hermontville

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