

1 PLACE OF DEATH
County Eaton

Township Vermontville
Village Vermontville

City Vermontville (No. of death occurred in a hospital or institution, give its NAME instead of street and number.) St. Ward.

2 FULL NAME Robert E. Crowhurst

(a) Residence. No. Vermontville Mich. 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.) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah M. Crowhurst

6 DATE OF BIRTH (Month, day and year.) Nov 11 1850

7 AGE Years 83 Months 11 Days 2 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) Spalesburg Mich.

10 NAME OF FATHER Peter Crowhurst

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

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Unknown

14 Informant Mrs. Ned Sprague (Address) Vermontville Mich.

15 Filed 10/31, 1934 H. H. Ward Registrar.

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Oct 13 1934

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1934, to Oct 13, 1934 that I last saw him alive on Oct 12, 1934, and that death occurred on the date stated above at 3:30 p.m.

The CAUSE OF DEATH* was as follows:

Sanguine 6 wks
Arterio Sclerosis 5 yrs

(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) C. L. H. McLaughlin, M. D.
19 Address Vermontville 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 Kalamo Date of Burial Oct 15 1934

2 UNDERTAKER H. H. 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.

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

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