

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

MAINTAIN RESERVED FOR BINDING

RECORD IN REMAINING A SI SHIT—KNI GIVING HIM, YLAINLY, WHITE PLAINLY

W. 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	<i>Eaton</i>	Department of State—Division of Vital Statistics	
Township	<i>Vermontville</i>	1/4 State	3/17 Clerk
Village	<i>Vermontville</i>	TRANSCRIPT OF CERTIFICATE OF DEATH	
City		Registered No.	<i>22</i>
2 FULL NAME		(No death occurred in a hospital or institution, give its NAME instead of street and number.)	
<i>Sarah Esther Wright</i>			
(a) Residence. No.		St., Ward.	
<i>Vermontville Mich.</i>			
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.)	
<i>Female</i>	<i>White</i>	<i>Widow</i>	
5a If married, widowed, or divorced			
<i>HUSBAND of Mrs. Wright</i>			
6 DATE OF BIRTH (Month, day and year.)			
<i>10-25-1857</i>			
7 AGE	Years	Months	Days
<i>83</i>	<i>1</i>	<i>19</i>	
8 OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work.			
<i>Retired</i>			
(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)			
<i>Michigan</i>			
10 NAME OF FATHER			
<i>Louis Mead</i>			
11 BIRTHPLACE OF FATHER (city or town) (State or country)			
<i>New York</i>			
12 MAIDEN NAME OF MOTHER			
<i>Esther Gibson</i>			
13 BIRTHPLACE OF MOTHER (city or town) (state or country)			
<i>England</i>			
14 Informant			
<i>Mrs. Ray Badgley</i>			
(Address)			
<i>Grand Rapids</i>			
15 Filed			
<i>12/28, 1934</i>			
Registrar.			
MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH (Month, day and year)			
<i>Dec 14 1934</i>			
17 I HEREBY CERTIFY, That I attended deceased from			
<i>April 24, 1934, to Dec 14, 1934</i>			
that I last saw him alive on <i>Dec 13, 1934</i> and that death occurred on the date stated above at <i>9:30 P.m.</i>			
The CAUSE OF DEATH* was as follows:			
<i>apoplexy</i>			
(duration) yrs. mos. ds.			
<i>4</i>			
CONTRIBUTORY (Secondary)			
<i>Arterio Sclerosis</i>			
(duration) yrs. mos. ds.			
<i>12 yrs</i>			
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) <i>C. L. M. Laughlin</i> M. D.			
, 19 , Address <i>Vermontville</i>			
*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			
<i>Lake Odessa</i>			
Date of Burial			
<i>12/17 1934</i>			
2 UNDERTAKER			
<i>R. R. Ward</i>			
Address			
<i>Vermontville</i>			