

PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County Eaton

Township Hamontville

Village Hamontville

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 2

City Hamontville (No. 5/4 State St. 5/4 Co. Clerk Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Fred Rawson Jr.

(a) Residence, No. 5/4 State 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 Matie Rawson (or) WIFE of

6 DATE OF BIRTH (Month, day and year.) 7-24-1858

7 AGE Years 76 Months 8 Days 23 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) Ohio (State or country)

10 NAME OF FATHER Zerah Rawson

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

12 MAIDEN NAME OF MOTHER Martha Ames

13 BIRTHPLACE OF MOTHER (city or town) New York (state or country)

14 Informant Lula Morgan (Address) Charlotte Mich

15 Filed 4/20, 1935 RR Hobbs Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 4-17 1935

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1935, to Apr 17, 1935 that I last saw him live on Apr 14, 1935, and that death occurred on the date stated above at 12309 in.

The CAUSE OF DEATH\* was as follows:

Senile dementia

(duration) yrs. 4 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. M. Langley, M.D.

, 19 35, Address Hamontville

\*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

Hamontville 4/20 1935

2 UNDERTAKER Address

RR Ward Hamontville