

I PLACE OF DEATH

## STATE OF MICHIGAN

County

Eaton

Department of State—Division of Vital Statistics

Township

Vermontville

## TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No.

4

City

(No

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

St.

Ward)

2 FULL NAME

Adella E. Stiles

(a) Residence. No.

St., Ward.

(Usual place of abode.)

(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

4 Color or Race

5 Single, Married, Widowed or Divorced (write the word.)

5a If married, widowed or divorced

(HUSBAND or (or) WIFE of

Marsena L. Stiles

6 DATE OF BIRTH

(Month, day and year.)

10-15-1860

7 AGE

Years

Months

Days

If LESS than

74

7

12

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)

Livingston Mich

10 NAME OF FATHER

Russell Richmond

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

Mich

12 MAIDEN NAME OF MOTHER

Angeline Jackson

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

Mich

14 Informant

(Address)

Chas Stiles Vermontville

Filed

6/12, 1935

Registrar.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month, day and year)

5/27

1935

17 I HEREBY CERTIFY, That I attended deceased from

5/12, 1935, to

5/27, 1935

that I last saw him alive on 5/24, 1935, and

that death occurred on the date stated above at 130 a.m.

The CAUSE OF DEATH\* was as follows:

Apoplexy

(duration).....yrs.....mos.....ds.

24 hrs

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. R. McLaughlin M. D.

, 19

Address

Vermontville

\*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

Vermontville

5/29, 1935

2 UNDERTAKER

Address

R. Ward

Vermontville