

PLACE OF DEATH

Eaton
Vermontville

9/6 Stat
10/23/35

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No.

6

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

NAME Alice M. Gilmore

once. No. St., Ward.
ul place of abode.) (If non-resident give city or town and State.)
ence 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

4 Color or Race W
5 Single, Married, Widowed or Divorced (write the word.) Married
ed, widowed, or divorced
AND of Given W Gilmore
/IFE of
F BIRTH Nov 21 1860
y and year.)
Years Months Days If LESS than
94 9 0 1 day, hrs. OR min.

ATION OF DECEASED Retired
v, profession, or kind of work

ral nature of industry, or establishment in-
ployed (or employer)
of employer

PLACE (city or town) Kent Co.
country) England
E OF FATHER Unknown Cook

PLACE ATHER (city or town) England
e or country)

EN NAME Unknown
OTHER

PLACE OTHER (city or town) Unknown
e or country)

it Given W Gilmore
Vermontville Mich
24, 1935
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 8/21 1935

17 I HEREBY CERTIFY, That I attended deceased from June, 1933, to Aug 21, 1935
that I last saw h- alive on Aug 21, 1935 and
that death occurred on the date stated above at 4 P.m.
The CAUSE OF DEATH* was as follows:
Apoplexy

(duration) yrs. mos. ds.
CONTRIBUTORY Chronic Cholecystitis years
(Secondary) Chronic Myocarditis
(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) L Donald Kirby 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 HOMI- CIDAL. (See reverse side for further instructions.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial
Part, Mich 8/24 1935

2 UNDERTAKER Address
R R Ward Vermontville Mich

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