

PLACE OF DEATH  
*Eaton*  
*Vermontville*

*9/4 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*

Age. No. \_\_\_\_\_ St., Ward. \_\_\_\_\_ (If non-resident give city or town and State.)  
Place of abode. \_\_\_\_\_  
Place 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*  
Married, widowed, or divorced by \_\_\_\_\_  
NAME of SPOUSE *Clara W. Gilmore*  
DATE of MARRIAGE *Nov 21 1860*  
AGE at BIRTH (city and year.)  
Years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.  
*74 9 0*

OCCUPATION OF DECEASED  
Profession, or kind of work *Retired*

Industrial nature of industry, or establishment in which employed (or employer) Name of employer \_\_\_\_\_

PLACE OF BIRTH (city or town) *Rent Co. England*  
country \_\_\_\_\_  
NAME OF FATHER *Unknown Cook*

PLACE OF BIRTH OF FATHER (city or town) *England*  
country \_\_\_\_\_

NAME OF FATHER *Unknown*

PLACE OF BIRTH OF OTHER (city or town) *Unknown*  
country \_\_\_\_\_

PLACE OF BIRTH OF OTHER (city or town) *Unknown*  
country \_\_\_\_\_  
Date of Death *Aug 21 1935*  
Registrar. *H. H. [unclear]*

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*, 19*33*, to *Aug 21*, 19*35*  
that I last saw him alive on *Aug 21*, 19*35* and that death occurred on the date stated above at *4 P.*m.

The CAUSE OF DEATH\* was as follows:  
*apoplexy*

18 Where was disease contracted (duration) yrs. mos. ds. \_\_\_\_\_

CONTRIBUTORY (Secondary) *Chronic Cholelithiasis* yrs. mos. ds. \_\_\_\_\_  
*Chronic Myocarditis* (duration) yrs. mos. ds. \_\_\_\_\_

18 Where was disease contracted (duration) yrs. mos. ds. \_\_\_\_\_  
If not at place of death? \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_  
(Signed) *L. Donald Kelly M.D.*  
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, Date of Burial  
*Part, Mich* *8/24 1935*

2 UNDERTAKER Address  
*H. H. Ward Vermontville Mich*

*345*