

I PLACE OF DEATH
County Eaton State
Township
Village Vermontville

STATE OF MICHIGAN
Department of State—Division of Vital Statistics
TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 7

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

2 FULL NAME Andrew Asman Green

(a) Residence. No. St., Ward.
(Usual place of abode.)
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. (If non-resident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the words) Married
5a If married, widowed, or divorced HUSBAND of Emma E Green (or) WIFE of
6 DATE OF BIRTH (Month, day and year) Aug 31 1840
7 AGE Years 75 Months 0 Days 19 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) Vermontville (State or country) Mich

10 NAME OF FATHER Lauren Green

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

12 MAIDEN NAME OF MOTHER Catherine Rulison

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

14 Informant Mrs Emma Green (Address) Vermontville

15 Filed 10/7, 1935 H. H. Hubbs Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 9-20 1935

17 I HEREBY CERTIFY, That I attended deceased from Feb 10, 1924, to Sept 20, 1935, that I last saw him alive on Sept 19, 1935, and that death occurred on the date stated above at 7:30 p.m. The CAUSE OF DEATH* was as follows:

Apoplexy 3 wks

(duration) yrs. mos. ds. CONTRIBUTORY Arterio Sclerosis (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? C. L. H. McLaughlin M. D. (Signed) 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 Woodlawn Cem Date of Burial 9/22/35

2 UNDERTAKER R. H. Ward Address Vermontville

N. 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.

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

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