

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

MARGIN RESERVED FOR BINDING

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N. B.—Every item of information 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.

1 PLACE OF DEATH		STATE OF MICHIGAN	
County <u>Eaton</u>		Department of State—Division of Vital Statistics	
Township <u>Vermontville</u>		TRANSCRIPT OF CERTIFICATE OF DEATH	
Village <u>Vermontville</u>		Registered No. <u>8</u>	
City <u>(No. of death occurred in a hospital or institution, give its NAME instead of street and number.)</u>		St. <u>Ward</u>	
2 FULL NAME <u>Mary E. Snobe</u>			
(a) Residence. No. <u>(Usual place of abode.)</u>		St., Ward. <u>(If non-resident give city or town and State.)</u>	
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 <u>Female</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed or Divorced <u>Widow</u>	
5a If married, widowed, or divorced <u>HUSBAND of</u> <u>Clara A. Snobe</u> (or) WIFE of			
6 DATE OF BIRTH (Month, day and year.)			
7 AGE	Years <u>71</u>	Months <u>7</u>	Days <u>0</u>
If LESS than 1 day,.....hrs. OR.....min.			
8 OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work. <u>Retired</u>			
(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) <u>Larry Co Mich</u>			
10 NAME OF FATHER <u>Titus Acshy</u>			
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>New York</u>			
12 MAIDEN NAME OF MOTHER <u>Abigail Harding</u>			
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <u>New York</u>			
14 Informant <u>Chas Snobe</u> (Address) <u>Vermontville</u>			
15 Filled <u>10/31, 1935</u> Registrar. <u>H. H. H. H.</u>			
MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH (Month, day and year) <u>10/13</u> 19 <u>35</u>			
17 I HEREBY CERTIFY, That I attended deceased from <u>Oct 17</u> , 19 <u>33</u> , to <u>Oct 13</u> , 19 <u>35</u> that I last saw him alive on <u>Oct 13</u> , 19 <u>35</u> and that death occurred on the date stated above at <u>6 P.</u> m.			
The CAUSE OF DEATH* was as follows: <u>Phlebitis</u> <u>2 mo</u>			
(duration).....yrs.....mos.....ds.			
CONTRIBUTORY <u>Arterio Sclerosis</u> (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? <u>Donald Kipsy M. D.</u> (Signed) <u>Vermontville</u> , 19 <u>35</u> , Address			
*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 <u>Kalamazoo</u> Date of Burial <u>10/16</u> 19 <u>35</u>			
2 UNDERTAKER <u>R. P. Ward</u> Address <u>Vermontville</u>			

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