

STATE OF MICHIGAN
Department of State—Division of Vital Statistics
TRANSCRIPT OF CERTIFICATE OF DEATH
I PLACE OF DEATH
County Eaton State Michigan
Township Vermontville Clerk 7/2/34
Village Vermontville Registered No. 3
City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

(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.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Widowed
5a If married, widowed, or divorced HUSBAND of addy (or) WIFE of _____
6 DATE OF BIRTH (Month, day and year.) Feb 19 1871
7 AGE Years 66 Months 2 Days 14 If LESS than 1 day, _____ hrs. OR _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

Retired
sawmill

9 BIRTHPLACE (city or town) Auburn
(State or country) Ind

10 NAME OF FATHER Wilson S Blances

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

12 MAIDEN NAME OF MOTHER Nora Pawley

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

14 Informant John Blances
(Address) Vermontville

15 Filed May 4, 1934 L. P. L. H.
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 4/13 1934

17 I HEREBY CERTIFY, That I attended deceased from Mar 18, 1931, to Apr 1, 1936, that I last saw him alive on Apr 1, 1936, and that death occurred on the date stated above at 4 P. M.

The CAUSE OF DEATH* was as follows:

Cerrosiss of Liver

(duration) 2 yrs. _____ mos. _____ ds.

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) E. J. Morris M. D.

, 19 _____, Address Washville Mo

*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

Auburn Ind

Date of Burial

4/15 1934

2 UNDERTAKER

Ralph V. Kern

Address

Washville

M. 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
DANIEL H. JOHNSON, JUNIOR
CLERK