

1 PLACE OF DEATH *State of Michigan* **STATE OF MICHIGAN**  
County *Eaton* Department of State—Division of Vital Statistics  
Township *Vermontville* **TRANSCRIPT OF CERTIFICATE OF DEATH**  
Village *Vermontville* Registered No. *5*  
City *Vermontville* (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)  
2 FULL NAME *Viola Smith*  
(a) Residence. No. \_\_\_\_\_ St., Ward \_\_\_\_\_  
(Usual place of abode.) (If non-resident give city or town and State.)  
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					MEDICAL CERTIFICATE OF DEATH	
3 SEX <i>Female</i>	4 Color or Race <i>White</i>	5 Single, Married, Widowed or Divorced (write the word) <i>Married</i>			16 DATE OF DEATH (Month, day and year) <i>July 20 1936</i>	
5a If married, widowed, or divorced (HUSBAND or WIFE of) <i>Frank E Smith</i>					17 I HEREBY CERTIFY, That I attended deceased from <i>Aug 1</i> , 19 <i>35</i> , to <i>July 20</i> , 19 <i>36</i> that I last saw her alive on <i>July 20</i> , 19 <i>36</i> and that death occurred on the date stated above at _____ m. The CAUSE OF DEATH* was as follows: <i>Apoplexy 1 hr</i> <i>Cardiac Renal</i> <i>Syndrome</i> (duration) <i>3</i> yrs. _____ mos. _____ ds.	
6 DATE OF BIRTH (Month, day and year) <i>Aug 22 1867</i>					CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.	
7 AGE Years Months Days If LESS than <i>68 10 28</i> 1 day, _____ hrs. OR, _____ min.					13 Where was disease contracted If not at place of death? _____	
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <i>Housewife</i> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer					Did an operation precede death? _____ Date of _____ Was there an autopsy? _____ What test confirmed diagnosis? (Signed) <i>C. L. D. McLaughlin, D.</i> <i>19</i> , Address <i>Vermontville</i>	
9 BIRTHPLACE (city or town) (State or country) <i>Eaton Co.</i>					*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.)	
10 NAME OF FATHER <i>Seth A Gunn</i>					19 PLACE OF BURIAL, CREMATION, OR REMOVAL <i>Vermontville</i> Date of Burial <i>July 22, 1936</i>	
11 BIRTHPLACE OF FATHER (city or town) (State or country) <i>Unknown</i>					2 UNDERTAKER <i>Myron E Pray</i> Address <i>Charlotte</i>	
12 MAIDEN NAME OF MOTHER <i>Clotilda Hooper</i>						
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <i>Eaton Co Mich</i>						
14 Informant <i>Frank E Smith</i> (Address) <i>Vermontville</i>						
15 Filed <i>7/22, 1936</i> <i>HPT:MS</i> Registrar.						

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
MARGIN RESERVED FOR BINDING  
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.

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