

1 PLACE OF DEATH  
County Eaton

STATE OF MICHIGAN  
Department of State—Division of Vital Statistics

Township Vermontville  
Village Vermontville

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 27

City Leo Frith (No. 27 St. 27 Ward 27)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Leo Frith

(a) Residence, No. 27 St., Ward 27.  
(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

3 SEX M 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Infant

5a If married, widowed, or divorced  
HUSBAND of Infant  
(or) WIFE of

6 DATE OF BIRTH (Month, day and year.) 2-13-1937

7 AGE Years Months Days If LESS than 1 day, hrs. OR min.  
0 0 0

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(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 Fred Frith

11 BIRTHPLACE OF FATHER (city or town) Vermontville  
(State or country) Mich

12 MAIDEN NAME OF MOTHER Margaret Shutenhelm

13 BIRTHPLACE OF MOTHER (city or town) Vermontville  
(state or country) Mich

14 Informant Fred Frith  
(Address) Vermontville

15 Filed 2/14, 1937 H. H. Libb  
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 2/13 1937

17 I HEREBY CERTIFY, That I attended deceased from 5, 1937, to 2-13, 1937

that I last saw him alive on 2-13, 1937, and that death occurred on the date stated above at 27 m.

The CAUSE OF DEATH\* was as follows:  
Erythroleukoblastosis

(duration) 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) R. Donald Kelby M. D.

, 19 37, 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 2/14 1937

2 UNDERTAKER None Address

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

NO BINDING NOT DELETED FOR BINDING MARGIN RESERVED FOR BINDING

WITH UNFADING INK—THIS IS A PERMANENT RECORD

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