

1 PLACE OF DEATH

County Eaton

Township _____

Village Vermontville

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

2 FULL NAME Mary Elizabeth Mouchon

(a) Residence. No. Vermontville St., Ward. Mich
(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 Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Widow

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

6 DATE OF BIRTH (Month, day and year.) 5-20-1947

7 AGE Years Months Days If LESS than 1 day, hrs. OR min.
89 9 13

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) (State or country) Wayne County

10 NAME OF FATHER Adams Hay

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

12 MAIDEN NAME OF MOTHER Christine Moore

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Penn.

14 Informant E. S. Sattler
(Address) Vermontville, Mich.

15 Filed May 14, 1937 A. L. Birmingham
Registrar.

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 3

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) March 3, 1937

17 I HEREBY CERTIFY, That I attended deceased from June 17, 1936 to March 3, 1937 that I last saw him live on March 3, 1937 and that death occurred on the date stated above at 1:20 P.

The CAUSE OF DEATH* was as follows:
Auricular Fibrillation

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Semility
(duration) 6 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) L. Donald Relsay M. D.
Mar 3, 1937 Address Vermontville, Mich.

*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 Date of Burial

Freemans Cemetery 3/6 19 37

2 UNDERTAKER Address
W. H. Ward Vermontville