

I PLACE OF DEATH

County Eaton

Township _____

Village Vermontville

City _____

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 42 FULL NAME Mary Elizabeth Roberts(a) Residence. No. Vermontville, Mich. St., Ward. _____
(Usual place of abode.)
Length of residence in city or town where death occurred 21 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.) Widowed5a If married, widowed, or divorced HUSBAND OF Samuel Roberts
(or) WIFE of6 DATE OF BIRTH (Month, day and year.) 5-137 AGE Years 88 Months 0 Days 29 If LESS than 1 day, _____ hrs. OR _____ min.

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) Canton Ohio
(State or country)10 NAME OF FATHER Reuben Shafer11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)12 MAIDEN NAME OF MOTHER Mary E. Helper13 BIRTHPLACE OF MOTHER (city or town) Penn.
(state or country)14 Informant Mr. Jesse Green
(Address) Vermontville Mich.15 Filed June 14, 1937 A. L. Baughman
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 6/12 193717 I HEREBY CERTIFY, That I attended deceased from May 20, 1937 to June 11, 1937
that I last saw him alive on June 11, 1937 and that death occurred on the date stated above at 5.9 m.
The CAUSE OF DEATH* was as follows:Senility(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY arteriosclerosis
(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) L. L. Haines M. D.
June 14 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

Woodlawn Cemetery Date of Burial June 14 19372 UNDERTAKER K. K. Ward Address Vermontville Mich.

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.

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

MARGIN RESERVED FOR BINDING

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

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