

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 Charles Benedict

(a) Residence. No. Vermontville Mich 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 75 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 Ebene Benedict (or) WIFE of _____

6 DATE OF BIRTH (Month, day and year.) 10-11-1850

7 AGE Years 86 Months 8 Days 13 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) New York (State or country)

10 NAME OF FATHER Lebina Benedict

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

12 MAIDEN NAME OF MOTHER Amanda Chase

13 BIRTHPLACE OF MOTHER (city or town) Unknown (state or country)

14 Informant Mrs Ernest Benedict

(Address) Vermontville Mich.

15 Filed June 25, 1937 A. L. Banglin Registrar.

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 5

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) June 23 1937

17 I HEREBY CERTIFY, That I attended deceased from May 17, 1937, to June 22, 1937

that I last saw him alive on June 22, 1937 and that death occurred on the date stated above at 4:30 p.m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY Chronic Valvular Heart (Secondary)

(duration) 10 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 Kelsey M.D.

June 24, 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 25 1937

2 UNDERTAKER Address

K. H. Ward Vermontville Mich.