

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.

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 Hazel Theresa Barnes(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 47 yrs. 10 mos. 21 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.) Married5a If married, widowed, or divorced
HUSBAND of Arza Barnes
(or) WIFE of6 DATE OF BIRTH (Month, day and year.) 8-15-18897 AGE Years Months Days If LESS than 1 day, _____ hrs. OR _____ min.
47 10 21

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer9 BIRTHPLACE (city or town) (State or country) Vermontville Mich10 NAME OF FATHER Arvine Lake11 BIRTHPLACE OF FATHER (city or town) (State or country) Mich.12 MAIDEN NAME OF MOTHER Emma Perry13 BIRTHPLACE OF MOTHER (city or town) (state or country) Penn.14 Informant Arza Barnes
(Address) Vermontville Mich.15 Filed July 8, 1937 A. L. Bannighan
Registrar.

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 7

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 7-6-193717 I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1931, to July 7, 1937,
that I last saw him alive on July 6, 1937, and
that death occurred on the date stated above at 1:30 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Gall Bladder
Staph. Infection following
flu. General
(duration) _____ yrs. 6 mos. _____ ds.

CONTRIBUTORY

(Secondary)

(duration) _____ yrs. 3 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) C. L. W. McLaughlin, M. D.July 8, 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

Freemission Cemetery July 9 1937

2 UNDERTAKER Address

R. K. Ward Vermontville Mich