

PLACE OF DEATH
County Eaton
Township _____
Village Vermontville

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 8

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

2 FULL NAME Charles H. Lamb

(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 62 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.) Married

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

6 DATE OF BIRTH (Month, day and year.) 10-28-1874

7 AGE Years 62 Months 9 Days 18 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) Eaton County
(State or country)

10 NAME OF FATHER George J. Lamb

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

12 MAIDEN NAME OF MOTHER Jeannette Wright

13 BIRTHPLACE OF MOTHER (city or town) New York
(state or country)

14 Informant Mrs. Lena Lamb
(Address) Vermontville, Mich.

15 Filed Aug 19, 1937 A. L. Birmingham
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Aug 16 19 37

17 I HEREBY CERTIFY, That I attended deceased from May 2, 1937, to Aug 16, 1937, that I last saw him alive on Aug 16, 1937, and that death occurred on the date stated above at 8:30 m.

The CAUSE OF DEATH* was as follows:

apoplexy duration 6 weeks
arteriosclerosis " 4 years
Pneumonia " 2

(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) C. L. D. McLaughlin M. D.

Aug 19, 19, 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

Woodlawn Cemetery Aug 19 1937

2 UNDERTAKER Address

K. R. Ward Vermontville Mich.

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

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