

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

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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.

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 Eliza Catharine Broyles

(a) Residence. No. Vermontville Mich. St., Ward. _____
(Usual place of abode.)
Length of residence in city or town where death occurred 1 yrs. 6 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.) Widowed

5a If married, widowed, or divorced HUSBAND of
(or) WIFE of Joseph A Broyles
6 DATE OF BIRTH (Month, day and year.) 12-25-1850

7 AGE Years 86 Months 8 Days 11 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) Grant Co. Ind.
(State or country)

10 NAME OF FATHER Wm H. Ruder

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

12 MAIDEN NAME OF MOTHER Elizabeth Haley

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

14 Informant Mrs. Chas. Gunder
(Address) Charlotte Mich.

15 Filed Sept 8, 1937 A. L. Branning
Registrar.

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 9

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 9-6 1937

17 I HEREBY CERTIFY, That I attended deceased from Mar 28, 1934 to Sept 6, 1937
that I last saw him alive on Sept 5, 1937, and that death occurred on the date stated above at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) 5 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) L. L. Kelley D.O., M.D.
Sept. 7, 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

Eaton Ind

Sept 9 1937

2 UNDERTAKER

Address

K. K. W. and

Vermontville Mich.