

I 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 Ronald Fred Kosloski(a) Residence. No. _____ 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 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.) Infant5a If married, widowed, or divorced
HUSBAND of Infant
(or) WIFE of _____6 DATE OF BIRTH (Month, day and year.) Dec 9 - 19377 AGE Years Months Days If LESS than 1 day, ... hrs. OR ... min.
0 0 0 0

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stillborn

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Vermontville, Mich10 NAME OF FATHER William Kosloski11 BIRTHPLACE OF FATHER (city or town) (State or country) Alpena, Mich12 MAIDEN NAME OF MOTHER Olga Kubby13 BIRTHPLACE OF MOTHER (city or town) (state or country) Alpena, Mich14 Informant William Kosloski
(Address) Vermontville Mich15 Filed Dec 10, 1937 A. L. Bangham
Registrar.

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 10

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Dec. 9 193717 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him alive on Dec. 9, 1937 and that death occurred on the date stated above at _____ m. The CAUSE OF DEATH* was as follows:Stillborn

(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) _____, M. D.

, 19____, Address _____

*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

Woodland Cemetery Dec 10 19372 UNDERTAKER Address Wills, MichH. K. Ward

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

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

364