

I PLACE OF DEATH

STATE OF MICHIGAN

County Eaton

Department of State—Division of Vital Statistics

Township _____

TRANSCRIPT OF CERTIFICATE OF DEATH

Village Vernonville

Registered No. 10

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

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Infant

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

6 DATE OF BIRTH (Month, day and year.) Dec 9 - 1937

7 AGE Years Months Days If LESS than 1 day, ... hrs. OR ... min.
0 0 0

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

17 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:

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

Stillborn
.....(duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....(duration).....yrs.....mos.....ds.

9 BIRTHPLACE (city or town) (State or country) Vernonville, Mich

10 NAME OF FATHER William Kosloski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Alpena, Mich

12 MAIDEN NAME OF MOTHER Olga Kubby

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Alpena Mich

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.)

14 Informant William Kosloski
(Address) Vernonville Mich

15 Filed Dec 10, 1937 A. L. Bamford
Registrar.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Woodland Cemetery Date of Burial Dec 10 1937

20 UNDERTAKER H. K. Ward Address Bozelle Mich

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.

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

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

364