

M. S.—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.

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.)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 112 FULL NAME Zoe Leola Hawkins(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 65 yrs. 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.) Married5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jay Hawkins6 DATE OF BIRTH (Month, day and year.) Jan 8 - 18687 AGE Years Months Days If LESS than 1 day, hrs. OR min.
69 11 7

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 employer

9 BIRTHPLACE (city or town) (State or country) Vermontville Mich.10 NAME OF FATHER Alfred P. Horton11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn.12 MAIDEN NAME OF MOTHER Martha Kelly13 BIRTHPLACE OF MOTHER (city or town) (state or country) Vermontville Mich.14 Informant Jay Hawkins(Address) Vermontville Mich.15 Filled Dec. 17, 1937 A. L. Banningham Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Dec 15 193717 I HEREBY CERTIFY, That I attended deceased from May 20, 1937, to Dec 15, 1937 that I last saw her alive on Dec 14, 1937 and that death occurred on the date stated above at _____ m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis(duration) 10 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) Dr. L. Donald Kelsey, M. D.Dec 17, 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

Woodlawn Cemetery Dec 18 1937

2 UNDERTAKER Address

Myron E. Pray Charlotte

365