

I PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County Eaton

TRANSCRIPT OF CERTIFICATE OF DEATH

Township _____

Registered No. 11

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 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

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH (Month, day and year) Dec 15 1937

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

17 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

6 DATE OF BIRTH (Month, day and year.) Jan 8 - 1868

7 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

(duration) 10 yrs. mos. ds. CONTRIBUTORY (Secondary) (duration) _____ yrs. mos. ds.

9 BIRTHPLACE (city or town) (State or country) Vermontville Mich

18 Where was disease contracted if not at place of death? _____

10 NAME OF FATHER Alfred P. Denton

Did an operation precede death? _____ Date of _____

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn.

Was there an autopsy? _____

12 MAIDEN NAME OF MOTHER Martha Kelly

What test confirmed diagnosis? _____

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

(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.)

14 Informant Jay Hawkins (Address) Vermontville Mich

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Woodlawn Cemetery Dec 18 1937

15 Filled Dec. 17, 1937 A. L. Banning Registrar.

2 UNDERTAKER Myron E. Pray Charlotte

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

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.

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