

1 PLACE OF DEATH

County Eaton

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

Township

Village Vermontville

City

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 1

2 FULL NAME Jay Hawkins

(a) Residence, No. 1 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 20 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.) Widowed

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

6 DATE OF BIRTH (Month, day and year) May 4 - 1866

7 AGE Years Months Days If LESS than 1 day, _____ hrs. OR _____ min.
72 1 12

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Vermontville, Eaton
(State or country) County, Mich.

10 NAME OF FATHER Horace Hawkins

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

12 MAIDEN NAME OF MOTHER Betsy P. Sprague

13 BIRTHPLACE OF MOTHER (city or town) Marble
(state or country) Cornwall, N.Y.

14 Informant Mrs. Lora Snick
(Address) Vermontville, Mich.

15 Filed Apr. 16, 1938 A. L. Birmingham
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) April 16 1938

17 I HEREBY CERTIFY, That I attended deceased from Apr. 9, 1938, to Apr. 16, 1938 that I last saw him alive on Apr. 15, 1938 and that death occurred on the date stated above at 11:39 m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) _____ yrs. _____ mos. 7 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. Donald Kelsey, M. D.
Apr. 16, 1938, 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 Mich Vtville Apr. 18, 1938

2 UNDERTAKER

Mary E. Pray Charlotte Mich

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

MARRIAGE REGISTERED FOR BIRTHING

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

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