

## I PLACE OF DEATH

County

Eaton

Township

Village

Vermontville

City

(No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Registered No.

2 FULL NAME

Jay Hawkins

(a) Residence, No.

(Usual place of abode.)

Vermontville Mich

St., Ward.

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

Mar 4 - 1866

7 AGE

Years

Months

Days

If LESS than

721121 day,.....hrs.  
OR.....min.

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)

(State or country)

Vermontville, EatonCounty, Mich.

10 NAME OF FATHER

Horace Hawkins

11 BIRTHPLACE

OF FATHER (city or town)

(State or country)

Vermont

12 MAIDEN NAME

OF MOTHER

Betsy P. Sprague

13 BIRTHPLACE

OF MOTHER (city or town)

(state or country)

Martha Co. Conn.

14 Informant

Mrs. Lora Snick

(Address)

Vermontville, Mich.

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Filed

Apr. 16, 1938

Registrar.

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

St., Ward.

(If non-resident give city or town and State.)

Length of residence in city or town where death occurred

How long in U. S., if of foreign birth?

yrs. mos. ds.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month, day and year)

April 16 1938

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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 andthat death occurred on the date stated above at 11:35 a.m.

The CAUSE OF DEATH\* was as follows:

Cerebral apoplexy

(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) 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 MichApr. 18 1938

2 UNDERTAKER

Address

Maynard E. Pray Charlotte 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

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