

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

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.

I PLACE OF DEATH				STATE OF MICHIGAN			
County <u>Eaton</u>				Department of State, Division of Vital Statistics			
Township _____				TRANSCRIPT OF CERTIFICATE OF DEATH			
Village <u>Vermontville</u>				Registered No. <u>2</u>			
City _____				(No. _____ St. _____ Ward _____)			
(If death occurred in a hospital or institution, give its NAME instead of street and number.)							
2 FULL NAME <u>Fred Deafay Hopper</u>							
(a) Residence. No. <u>Vermontville Mich.</u> 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 <u>40</u> 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	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word.)		16 DATE OF DEATH (Month, day and year) <u>Apr 17</u> 19 <u>38</u>			
<u>Male</u>	<u>White</u>	<u>Married</u>		17 I HEREBY CERTIFY, That I attended deceased from <u>Jan 2</u> , 19 <u>38</u> , to <u>Apr 17</u> , 19 <u>38</u>			
5a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Myra Hopper</u>				that I last saw him alive on <u>Apr 17</u> , 19 <u>38</u> and that death occurred on the date stated above at <u>11</u> P.m.			
6 DATE OF BIRTH (Month, day and year.) <u>Apr 5 - 1864</u>				The CAUSE OF DEATH* was as follows:			
7 AGE	Years	Months	Days	<u>neoplasia neck of Bladder</u>			
<u>74</u>	<u>0</u>	<u>12</u>	If LESS than 1 day, hrs. OR min.				
8 OCCUPATION OF DECEASED				(duration) <u>3</u> yrs. mos. ds.			
(a) Trade, profession, or particular kind of work <u>Retired</u>				CONTRIBUTORY <u>Anemia</u>			
(b) General nature of industry, business, or establishment in which employed (or employer)				(duration) <u>5</u> yrs. mos. ds.			
(c) Name of employer				18 Where was disease contracted If not at place of death?			
9 BIRTHPLACE (city or town) (State or country) <u>Livingston Co. Mich.</u>				Did an operation precede death? Date of _____			
10 NAME OF FATHER <u>Hermin Hopper</u>				Was there an autopsy? <u>no</u>			
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Adrian. Mich.</u>				What test confirmed diagnosis? <u>no</u>			
12 MAIDEN NAME OF MOTHER <u>Marquette Palmer</u>				(Signed) <u>Dr. L. D. Kelsey</u> M. D.			
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <u>Adrian. Mich.</u>				<u>Apr 17, 1938, Address Vermontville. Mich.</u>			
14 Informant <u>Myra Hopper</u>				*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.)			
(Address) <u>Vermontville. Mich.</u>				19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial			
15 Filed <u>Apr 20, 1938</u> <u>A. L. Barrington</u> Registrar.				<u>Woodlawn Cemetery</u> <u>Apr 20 1938</u>			
				2 UNDERTAKER Address <u>Vermontville Mich.</u>			
				<u>R. K. Ward</u>			

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