

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.

## I PLACE OF DEATH

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County Eaton

Township \_\_\_\_\_

Village Vermontville

## TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 4

City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward) (if death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Maudie May Waggoner(a) Residence. No. \_\_\_\_\_ 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 35 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 John Waggoner (or) WIFE of

6 DATE OF BIRTH (Month, day and year.)

7 AGE Years Months Days If LESS than 1 day, hrs. OR min. 53 9 12

## 8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Butler, Mich (State or country)10 NAME OF FATHER Daniel Webster11 BIRTHPLACE OF FATHER (city or town) Penn. (State or country)12 MAIDEN NAME OF MOTHER Mary Lehman13 BIRTHPLACE OF MOTHER (city or town) Penn. (state or country)14 Informant John Waggoner (Address) Vermontville, Mich.15 Filled June 18, 1938 9 L. Baunighorn Registrar.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) June 16, 193817 I HEREBY CERTIFY, That I attended deceased from July 15, 1933, to June 16, 1938, that I last saw her alive on June 16, 1938 and that death occurred on the date stated above at 8<sup>45</sup> m.

The CAUSE OF DEATH\* was as follows:

Arterio Sclerosis(duration) 8 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 D.O., M. D.June 18, 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 June 18 1938

2 UNDERTAKER Address

K. K. Ward Vermontville, Mich.