

1 PLACE OF DEATH  
County Eaton *Reported Sept 2-38*  
Township Vermontville *Co. Clerk*  
Village Vermontville  
City Vermontville (No. 5 St. 5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)  
2 FULL NAME Levi T. Smith  
(a) Residence. No. Vermontville Mich. St., Ward. 5  
(Usual place of abode.)  
Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 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 Rosa Edith Frantz (or) WIFE of Rosa Edith Frantz  
6 DATE OF BIRTH (Month, day and year.) 4-26-1862  
7 AGE Years 76 Months ✓ Days 1 If LESS than 1 day, 0 hrs. OR 0 min.

## 8 OCCUPATION OF DECEASED

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

9 BIRTHPLACE (city or town) Indiana  
(State or country)

10 NAME OF FATHER Christian Frantz  
11 BIRTHPLACE OF FATHER (city or town) Unknown  
(State or country)  
12 MAIDEN NAME OF MOTHER Unknown  
13 BIRTHPLACE OF MOTHER (city or town) Unknown  
(state or country)

14 Informant Mrs. Elsie Everett  
(Address) Vermontville, Mich.

15 Filed June 28, 1938 A. L. Bannerman  
Registrar.

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 6-27 1938

17 I HEREBY CERTIFY, That I attended deceased from mid-15", 1936, to June 27, 1938  
that I last saw him alive on June 26, 1938 and that death occurred on the date stated above at 5A m.

The CAUSE OF DEATH\* was as follows:

Chronic Valvular Heart Disease

(duration) 3 yrs. 0 mos. 0 ds.CONTRIBUTORY all age  
(Secondary)(duration) 0 yrs. 0 mos. 0 ds.

18 Where was disease contracted  
If not at place of death?

Did an operation precede death? 0 Date of 0Was there an autopsy? 0

What test confirmed diagnosis?

(Signed) W. L. D. Kelsey M.D.  
June 28, 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 June 29, 1938

2 UNDERTAKER Samuel Cemetery  
Jack Mapes Address Samuel - 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

MARGIN RESERVED FOR BINDING