

M. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH			STATE OF MICHIGAN		
County <u>Eaton</u>			Department of State—Division of Vital Statistics		
Township <u>Vermontville</u>			TRANSCRIPT OF CERTIFICATE OF DEATH		
Village <u>Vermontville</u>			Registered No. <u>6</u>		
City <u>Vermontville</u>			(No. of death occurred in a hospital or institution, give its NAME instead of street and number.)		
2 FULL NAME <u>Peter Chatfield</u>					
(a) Residence. No. <u>Vermontville Mich.</u> St., Ward.					
Length of residence in city or town where death occurred yrs. <u>3</u> mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <u>M</u>	4 Color or Race <u>W.</u>	5 Single, Married, Widowed or Divorced (write the word.) <u>Married</u>	16 DATE OF DEATH (Month, day and year) <u>8/30/1938</u>		
5a If married, widowed, or divorced HUSBAND of <u>Catherine Chatfield</u> (or WIFE of)			17 I HEREBY CERTIFY, That I attended deceased from <u>Dec. 10, 1935</u> , to <u>Aug. 30, 1938</u>		
6 DATE OF BIRTH (Month, day and year.) <u>9-14-1857</u>			that I last saw h.w. alive on <u>Aug. 29, 1938</u> and that death occurred on the date stated above at <u>9 A.M.</u>		
7 AGE Years <u>80</u> Months <u>11</u> Days <u>16</u>	If LESS than 1 day.....hrs. OR.....min.		The CAUSE OF DEATH* was as follows: <u>Myocarditis</u>		
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Retired</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer			(duration) <u>10</u> yrs.....mos.....ds.		
9 BIRTHPLACE (city or town) (State or country) <u>Samfield Mich.</u>			CONTRIBUTORY (Secondary)		
10 NAME OF FATHER <u>David Chatfield</u>			(duration) yrs.....mos.....ds.		
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>New York</u>			18 Where was disease contracted If not at place of death?		
12 MAIDEN NAME OF MOTHER <u>Helen Thompson</u>			Did an operation precede death? Date of		
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <u>Unknown</u>			Was there an autopsy?		
14 Informant <u>Eli Chatfield</u> (Address) <u>Vermontville Mich.</u>			What test confirmed diagnosis? (Signed) <u>L. Donald Kelley D.O.</u> M.D. <u>Sept. 2, 1938</u> Address <u>Vermontville Mich.</u>		
15 Filled <u>Sept. 2, 1938</u> <u>A. L. Birmingham</u> Registrar.			*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 <u>Greenview Cemetery</u>			Date of Burial <u>Sept. 2 1938</u>		
20 UNDERTAKER <u>K. K. Ward</u>			Address <u>W. Little Mich.</u>		

371