

I PLACE OF DEATH

STATE OF MICHIGAN

County

Eaton

Department of State—Division of Vital Statistics

Township

Village

Vermontville

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No.

8

City

(No.

St.

Ward)

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

2 FULL NAME

William D. Lasky

(a) Residence, No.

Vermontville Mich

St., Ward.

(Usual place of abode.)

Length of residence in city or town where death occurred

50 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.)

*Male**White**Married*

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of

Ada Lasky

6 DATE OF BIRTH

(Month, day and year.)

3-10-1878

7 AGE

Years

Months

Days

If LESS than

*63**9**1*

1 day,.....hrs.

OR.....min.

8 OCCUPATION OF DECEASED

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

Carpenter

(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)

New Jersey

10 NAME OF FATHER

John Lasky

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

New York

12 MAIDEN NAME OF MOTHER

Maria Bliss

13 BIRTHPLACE OF MOTHER (city or town)

(state or country)

New York

14 Informant

(Address)

*Ada Lasky**Vermontville Mich*

15 Filled

*12/14, 1938**A. L. Barmingham*

Registrar

16 DATE OF DEATH

(Month, day and year)

*12/11**1938*

17

I HEREBY CERTIFY, That I attended deceased from

June 15, 1936, to 12/11, 1938

that I last saw him alive on

*12/11**1938*

and that death occurred on the date stated above at

10:30

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver(duration) *2* 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.**12/14, 1938* Address *1111 Cle. 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**12/14/1938*

20 UNDERTAKER

Address

*H. Ward**Vermontville Mich*