373

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 7

1 PLACE OF DEATH

County Eaton — Reported to Co. Clerk 1-2-39

Township

Village Vermontville

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

2 FULL NAME Etta Louise Ambrose

(a) Residence. No. Vermontville Mich 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 Color or Race W

5 Single, Married, Widowed or Divorced (*write* the word.) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Ambrose

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

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. OR ...min.
	81	8	10	

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) (State or country) Syracuse NY

PARENTS

10 NAME OF FATHER O.M. Wells

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Ella Fisher

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Unknown

14 Informant Mrs Vera Gregg

(Address) Belding Mich

15 Filed Dec 5, 1938 G.L. Bannigan Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 12/2 1938

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1938, to Dec. 2, 1938

that I last saw her alive on Dec 2, 1938 and

that death occurred on the date stated above at 4 P m.

The CAUSE OF DEATH* was as follows:

Senile Dementia 5 Mo

arteria sclerosa 2 yrs

(duration) 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) C L D McLaughlin M. D.

Dec 5, 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 Woodlawn Cem.

Date of Burial Dec 5th 1938

2 UNDERTAKER K.K. Ward

Address V'Ville Mich

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