

1 PLACE OF DEATH
County Eaton

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

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 Thomas Henry Gilson

(a) Residence. No. _____

(Usual place of abode.)

St., Ward. _____

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. 4 Color or Race W. 5 Single, Married, Widowed or Divorced (write the word.) Married

5a If married, widowed, or divorced HUSBAND of Abby Gilson (or) WIFE of Thomas Henry Gilson

6 DATE OF BIRTH (Month, day and year.) 4-4-1860

7 AGE Years Months Days If LESS than 1 day, _____ hrs. OR _____ min.
78 8 20

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) Ireland

10 NAME OF FATHER Robert Gilson

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

12 MAIDEN NAME OF MOTHER Unknown

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

14 Informant Mr. Abby Gilson

(Address) Vermontville Mich

15 Filed Dec 26, 1938 A. L. Birmingham Registrar.

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 9

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Dec 24 1938

17 I HEREBY CERTIFY, That I attended deceased from 2-23, 1936, to 12/24, 1938 that I last saw him alive on 12/23, 1938 and that death occurred on the date stated above at 12 noon

The CAUSE OF DEATH* was as follows:

Coronary Occlusion

(duration) _____ yrs. _____ mos. 2 week
CONTRIBUTORY Pneumonia
(Secondary) (duration) _____ yrs. _____ mos. 2 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 Kellogg D.O., M. D. Dec 26, 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 Rest Lawn Cemetery Date of Burial Dec 27, 1938

2 UNDERTAKER K. K. Ward

Address Vermontville 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

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