STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 10

PLACE OF DEATH

County Eaton

Township

Village Vermontville

City

Reported to Co. Clerk 1-2-39

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

2 FULL NAME James Cooper

(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 84 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary Cooper

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

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. OR min.
	84	3	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) Chester Mich

PARENTS

10 NAME OF FATHER James Cooper

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

12 MAIDEN NAME OF MOTHER Ellen —?

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

14 Informant Irvin Powers

(Address) Vermontville Mich

15 Filed Jan 2, 1939 A. L. Barrington Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 12/30/1938

17 I HEREBY CERTIFY, That I attended deceased from 12/24, 1938, to 12/30, 1938

that I last saw h. w. alive on 12/30, 1938 and

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

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cystitis due to operation to draw Water

(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 D.O., M. D.

Jan. 2, 1939 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 Cemetery Millsburg Chester Mich

Date of Burial Jan. 2 1939

20 UNDERTAKER K. K. Ward

Address Vermontville Mich

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