

1 PLACE OF DEATH

County Eaton

Township _____

Village Vermontville

City _____

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 1

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

2 FULL NAME Cecil Eugene Powers

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Married
5a If married, widowed, or divorced HUSBAND of Maudie Powers (or) WIFE of _____
6 DATE OF BIRTH (Month, day and year.) 7-10-1876
7 AGE Years 62 Months 6 Days 1 If LESS than 1 day, _____ hrs. OR _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stock Buyer
(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) Clarendon St. Mich.

10 NAME OF FATHER Oscar E. Powers
11 BIRTHPLACE OF FATHER (city or town) (State or country) Clarendon St. Mich.
12 MAIDEN NAME OF MOTHER Alizina Lusk
13 BIRTHPLACE OF MOTHER (city or town) (state or country) Clarendon St. Mich.

14 Informant Mrs. Maudie Powers
(Address) Vermontville Mich.

15 Filed Jan. 13, 1939 A. L. Birmingham Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Jan 11 1939

17 I HEREBY CERTIFY, that I attended deceased from Jan 11, 1939, to Jan 11, 1939
that I last saw him alive on _____, 19____, and that death occurred on the date stated above at 4:45 m.

The CAUSE OF DEATH* was as follows:

apoplexy
Found dead in bed
few minutes
(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? OKe Cheney

What test confirmed diagnosis? C. L. O. M. Langhlin
(Signed) Jan 13, 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 Date of Burial

Woodlawn Cemetery Jan 13, 1939

2 UNDERTAKER Address K. K. Ward Vermontville Mich.

M. 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

MARGIN RESERVED FOR BINDING