

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

UNFADING INK FOR PERMANENT RECORD

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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.

I PLACE OF DEATH

STATE OF MICHIGAN

County Eaton

Department of State—Division of Vital Statistics

Township

TRANSCRIPT OF CERTIFICATE OF DEATH

Village Vermontville

Registered No. 2

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

2 FULL NAME Emma D. Deuel

(a) Residence. No. Vermontville Mich. St., Ward. (If non-resident give city or town and State.)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Married
5a If married, widowed, or divorced HUSBAND OF (or) WIFE of Jerome Deuel
6 DATE OF BIRTH (Month, day and year) 2-22-1870
7 AGE Years 68 Months 11 Days 0 If LESS than 1 day, hrs. OR min.

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housewife (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) Barry Co. Mich.

10 NAME OF FATHER Ernest Wellman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Barry Co. Mich.

12 MAIDEN NAME OF MOTHER Martha Topping

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

14 Informant Jerome Deuel (Address) Vermontville Mich.

15 Filled 1-24, 1939 by A. L. Barrington Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 1-22 1939

17 I HEREBY CERTIFY, That I attended deceased from July 30, 1938, to Jan 22, 1939 that last saw him alive on Jan 21, 1939 and that death occurred on the date stated above at 3:30 m. The CAUSE OF DEATH* was as follows:

Arterio Sclerosis
Senile Dementia
(duration) 3 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. Jan 24, 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 24 1939

2 UNDERTAKER Address K. K. Ward Vermontville Mich.

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