

1 PLACE OF DEATH
County Eaton

Township

Village Vermontville

City

2 FULL NAME

(a) Residence. No.

Length of residence in city or town where death occurred

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 3

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

(Usual place of abode.)

St., Ward.

(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

4 Color or Race

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

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of

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

7 AGE

Years

Months

Days

If LESS than

1 day, _____ hrs.

OR _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(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)

10 NAME OF FATHER

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

12 MAIDEN NAME OF MOTHER

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

14 Informant

(Address)

15 Filed

Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
(Month, day and year)

17 I HEREBY CERTIFY, That I attended deceased from

that I last saw h. w. alive on

that death occurred on the date stated above at

The CAUSE OF DEATH* was as follows:

(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) _____ M. D.

Feb. 21, 1939, Address

*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

Address

2 UNDERTAKER

K. K. Ward

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

MAJOR REGISTERED BIRTH

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