

PLACE OF DEATH
County Eaton
Township Vermontville
Village Vermontville
City Vermontville
State Michigan
Department of State—Division of Vital Statistics
TRANSCRIPT OF CERTIFICATE OF DEATH
Registered No. 4
(No. 4-22-1939 St. Ward
(if death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Maudie Ethel Powers
Residence No. Vermontville Mich. St. Ward
(Usual place of abode.)
Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS
SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Widow
If married, widowed, or divorced HUSBAND of Cecil Powers
(or) WIFE of Cecil Powers
DATE OF BIRTH (Month, day and year.)
AGE Years Months Days If LESS than 1 day.....hrs. OR.....min.
59 3 28

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

BIRTHPLACE (city or town) (State or country) Eaton Co Mich.
10 NAME OF FATHER Thomas J. Rely
11 BIRTHPLACE OF FATHER (city or town) (State or country) New York N.Y.
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (state or country) Stuebenville NY

14 Informant Ethel Powers
(Address) Vermontville Mich.
15 Filled 3/18, 19 39 G. L. Baingham Registrar.

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH (Month, day and year) 3/16 19 39
17 I HEREBY CERTIFY, That I attended deceased from Apr 25, 19 38, to Mar 16, 19 39 that I last saw him alive on Mar 16, 19 39 and that death occurred on the date stated above at 99 m. The CAUSE OF DEATH* was as follows:
Emphysema for 4 days
Sugar Diabetes
(duration) 5 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. D. McLaughlin, M. D.
Mar 18, 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 Mar 18 1939
2 UNDERTAKER Address
K. K. Ward Vermontville Mich.

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