

1 PLACE OF DEATH
County Eaton
Township _____
Village Vermontville

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 5

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

2 FULL NAME Mary Ada Zinke

(a) Residence. No. 1 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 6 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 Herman Zinke
6 DATE OF BIRTH (Month, day and year.) 10-11-1870
7 AGE Years Months Days If LESS than 1 day, hrs. OR min.
68 6 1

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) Doyleton Ohio

10 NAME OF FATHER John Eitel

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

12 MAIDEN NAME OF MOTHER Theresa Ellis

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

14 Informant Herman Zinke
(Address) Vermontville Mich.

15 Filed Apr 15, 1939 A. L. Barnum
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 4-12 1939

17 I HEREBY CERTIFY, That I attended deceased from 11-23, 1938, to 4-11, 1939
that I last saw h. alive on 4-11, 1939 and that death occurred on the date stated above at 7.9 m.
The CAUSE OF DEATH* was as follows:
Apoplectic Stroke 10 days

CONTRIBUTORY Hypertension
(Secondary) (duration) 5 yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) Stewart Lofdahl M. D.
Apr. 12, 1939 Address Washville 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 Apr 15 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

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