STATE OF MICHIGAN
Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

I PLACE OF DEATH

County _Eaton_

Reported to Co. Clerk 12-1-39

Township _____

Village _Vermontville_

City _____

Registered No. _7_

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

2 FULL NAME _Donald Verdun Sewut_

(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 _16_ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word.)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6 DATE OF BIRTH _10 – 20 – 1926_
(Month, day and year.)

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. OR ___ min.
	12	9	12	

8 OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) _Kalomo. Mich._
(State or country)

10 NAME OF FATHER _Ellis Sewut_

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

12 MAIDEN NAME OF MOTHER _Geneva P. Corey_

13 BIRTHPLACE OF MOTHER (city or town) _Vermontville. Mich_
(state or country)

14 Informant _Mrs M J Corey_
(Address) _Vermontville. Mich._

15 Filed _8/4_, 19 _39_ _A. L Bannigham_
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH _8/2_ 19 _39_
(Month, day and year)

17
I HEREBY CERTIFY, That I attended deceased from
July 28°, 19 _39_, to _Aug. 2°_, 19 _39_
that I last saw him alive on _Aug. 2_, 19 _39_ and
that death occurred on the date stated above at _12_ _9.4_ m.
The CAUSE OF DEATH* was as follows:

Streptococic Infection

_____ (duration) ___ yrs. ___ mos. _7_ 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) _L Donald Kelsy D O_ M. D.
Aug 2, 19 _39_ Address _V'ville. 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 | _Aug 4 1939_

2 UNDERTAKER | Address
K. K. Ward | _V'ville Mich_

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