SOCIAL SECURITY NO. None

If veteran, name war

Retired to County clerk JUN 1 [illegible]

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics

State File No.

FULL NAME Edward Dwight Barber

Local File No. 3

PLACE OF DEATH:
County Eaton
Township
City or Village Vermontville
Name of hospital (If not in hospital, give street address.)
Length of stay: In hospital — In this community Life

USUAL RESIDENCE OF DECEASED:
State Mich. County Eaton
Township
City or Village Vermontville
Street No.
If foreign born, how long in U. S. A.? years

Sex	Color or Race	Single, Married, Widowed or Divorced
Male	White	Widowed

NAME OF HUSBAND or WIFE
Name Francis Barbu Age, if alive

Birth date of deceased May 26 – , 1863

Age: Years	Months	Days	If less than one day
78	10	14	hrs. min.

Birthplace Jackson. Mich.
Usual occupation Retired
Industry or business

Father: Name Homer G. Barber
Father: Birthplace Vermont

Mother: Maiden Name Lucy Dwight
Mother: Birthplace Vermont

Informant Phillip Barbu
Address Charlotte. Mich.

(Burial), cremation or removal (Circle the word which applies)
Place Vermontville. Mich.
Cemetery Woodlawn Date 4-11, 1941

Funeral director's signature K. K. Ward.
Address Vermontville, Mich.

Filed 4-11, 1941 G. L. Bannigham
Local Registrar

MEDICAL CERTIFICATION

Date of death 4 – 8 1941

I hereby certify that I attended the deceased from Mar. 22 1941 to April 8, 1941. I last saw h[illegible] alive on Apr. 8, 1941. Death is said to have occurred on the date stated above at 10·15 P M.

Immediate cause of death	Duration
Senile Dementia	6 Weeks
arterio Elerosis	4 yrs
myocarditis	3 Weeks
Other contributory causes of importance	

Major findings and dates:
Of operations

Of autopsy

In case of violence, state if accident, homicide or suicide

Date , 19

Where did injury occur? (Specify city, county, or state)

In industry, home or public place?

Was disease or injury related to occupation of deceased?

Signature C. L. D. McLaughlin M. D.
Address Vermontville, Mich.

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