

If veteran, name war

MICHIGAN DEPARTMENT OF HEALTH  
Bureau of Records and Statistics

FULL NAME

Irish May Carpenter

Local File No. 7

PLACE OF DEATH:

County

Township

City or Village

Name of hospital

Length of stay: In hospital

In this community

USUAL RESIDENCE OF DECEASED:

State

County

Township

City or Village

Street No.

If foreign born, how long in U. S. A.?

years

Sex

Color or Race

Single, Married, Widowed or Divorced

NAME OF HUSBAND or WIFE

Name

Age, if alive

Birth date of deceased

Age: Years

Months

Days

If less than one day

58

6

18

hrs.

min.

Birthplace

Usual occupation

Industry or business

Father

Name

Birthplace

Mother

Maiden Name

Birthplace

Informant

Address

Burial, cremation or removal (Circle the word which applies)

Place

Cemetery

Date

Funeral director's signature

Address

Filed

Local Registrar

## MEDICAL CERTIFICATION

Date of death

19 41

I hereby certify that I attended the deceased from June 5, 19 41 to June 26, 19 41. I last saw him alive on June 26, 19 41. Death is said to have occurred on the date stated above at 11 45 A. M.

Immediate cause of death

acute dilatation

Chronic arthritis  
deformans

Other contributory causes of importance

Major findings and dates:

Of operations

Of autopsy

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

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

Address

Duration

4 days

15 yrs