CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

BIRTH No.

Local File No. 1

MARGIN RESERVED FOR BINDING

TYPE OR PRINT (EXCEPT SIGNATURES) IN BLACK INK—THIS IS A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Vermontville. Mich. Eaton County
b. CITY OR VILLAGE (If outside corporate limits, write RURAL and give township): Vermontville
c. LENGTH OF STAY (in this place): 5 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mich.
b. COUNTY: Eaton
c. TOWNSHIP, CITY OR VILLAGE (Name of):
d. Is Residence within limits of a city or incorporated village? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 179 East Main Street

3. NAME OF DECEASED (Type or Print): a. (First) Myra b. (Middle) E. c. (Last) Firster

4. DATE OF DEATH: (Month) January (Day) 2nd (Year) 1950

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months	Days	If under 24 Hrs.: Hours	Min.
Female	White	Married	March 8-1882	67	9	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home-wife Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Barry County. Mich.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Wm Foslin
14. MOTHER'S MAIDEN NAME: Katherine Wakefield

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE: George W. Firster ADDRESS: Vermontville. Mich.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		Interval Between Onset and Death
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Hemorrage	3 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Essential Hypertension	10 years
DUE TO (c)	Chronic Arteriosclerosis	6 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED While at Work [ ] Not While at Work [ ]
21f. HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from March 18, 1934, to January 2nd, 1950, that I last saw the deceased alive on January 2nd, 1950, and that death occurred at 3 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Edward Lofdahl MD
23b. ADDRESS: Nashville Mich.
23c. DATE SIGNED: 1-3-1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 4-1950
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, village, twp., or county) (State): Hastings. Mich Barry Co.

DATE REC'D BY LOCAL REG.: 1-3-1950
REGISTRAR'S SIGNATURE: A. L. Barnum
25. FUNERAL DIRECTOR'S SIGNATURE: K K Ward
ADDRESS: Vermontville. Mich.

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