Reported to Co. clerk 5-4-50

# CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No.

BIRTH No.

Local File No. 2

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

1. PLACE OF DEATH
a. COUNTY: Eaton
b. CITY OR VILLAGE (If outside corporate limits, write RURAL and give township): Vermontville
c. LENGTH OF STAY (in this place): 4½ yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 212 Walnut Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mich.
b. COUNTY: Eaton
c. ~~TOWNSHIP~~, CITY OR VILLAGE (Name of): Vermontville
d. Is Residence within limits of a city or incorporated village? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 212 Walnut Stuet

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

4. DATE OF DEATH: (Month) March (Day) 5 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: July 15, 1860

9. AGE (In years last birthday): 89
If under 1 Year: Months / Days
If under 24 Hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Brookfield Twp. Eaton Co. Mich.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: George A Starkweather

14. MOTHER'S MAIDEN NAME: Eliza Wilson

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: Mrs. Cassie E. Krebs
ADDRESS: 212 Walnut Street Vermontville, Mich.

## MEDICAL CERTIFICATION

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.

| | | Interval Between Onset and Death |
|---|---|---|
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) | Pleural Edema | 60 hrs |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) | Nephritis | 5 years |
| DUE TO(c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | age | |

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
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) 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 July, 1945, to March 5, 1950, that I last saw the deceased alive on March 5, 1950, and that death occurred at 5:40 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): L. Donald Kelley D.O.
23b. ADDRESS: Vermontville. Mich.
23c. DATE SIGNED: Mar 6-1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-8-1950
24c. NAME OF CEMETERY OR CREMATORY: Maple Hill
24d. LOCATION (City, village, twp., or county) (State): Charlotte, Michigan

DATE REC'D BY LOCAL REG.: Mar. 6-1950
REGISTRAR'S SIGNATURE: A. F. Burningham
25. FUNERAL DIRECTOR'S SIGNATURE: Fray Funeral Home
ADDRESS: Charlotte, Mich.

B-3-36

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