

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

MARGIN RESERVED FOR BINDING

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*Reported to
Co. clerk
5-4-50*

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No.

Local File No.

8(4)

BIRTH No.

1. PLACE OF DEATH a. COUNTY <i>Eaton</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mich.</i> b. COUNTY <i>Eaton</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Vermontville Mich.</i>	c. LENGTH OF STAY (in this place) <i>70 yrs</i>	c. TOWNSHIP, CITY OR VILLAGE (Name of) <i>Vermontville</i>	d. Is Residence within limits of a city or incorporated village? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <i>527 South Main St.</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>William</i> b. (Middle) <i>L.</i> c. (Last) <i>Gehman</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>March 29 1950</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>12-19-1870</i>
9. AGE (In years last birthday) <i>79</i>		If under 1 Year Months Days Hours Min. <i>3 10</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farmer</i>	
11. BIRTHPLACE (State or foreign country) <i>Ohio</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>Cyrus Gehman</i>		14. MOTHER'S MAIDEN NAME <i>Hannah Lautenhanzer</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT'S SIGNATURE <i>Earl H. Gehman</i>		ADDRESS <i>Vermontville Mich.</i>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <i>Coronary Occlusion</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>		Interval Between Onset and Death <i>5 Minutes</i>	
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 <input type="checkbox"/> Not While at Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>11:35 A.</i> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>M. W. Burkhead Coroner</i>		23b. ADDRESS <i>Charlotte Mich.</i>	
23c. DATE SIGNED <i>3-29-1950</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	24b. DATE <i>4-1-1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Kalamo</i>	24d. LOCATION (City, village, twp., or county) (State) <i>Kalamo Mich.</i>
DATE REC'D BY LOCAL REG. <i>Mar. 31-1950</i>		REGISTRAR'S SIGNATURE <i>A. L. Birmingham</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>K. K. Ward</i>		ADDRESS <i>Vermontville Mich.</i>	

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