

# CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH  
Vital Records Section

State File No.

Local File No. 3

BIRTH No.

1. PLACE OF DEATH a. COUNTY <u>Eaton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mich</u> b. COUNTY <u>Mich</u>	
b. CITY OR VILLAGE <u>Vermontville</u>	c. LENGTH OF STAY (in this place) <u>2 days</u>	c. TOWNSHIP, CITY OR VILLAGE <u>Vermontville</u>	d. Is Residence within limits of a city or incorporated village? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		e. STREET ADDRESS <u>Charlotte Mich R.F. #5</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Henry</u> c. (Last) <u>Davis</u>	4. DATE OF DEATH (Month) <u>March</u> (Day) <u>4</u> (Year) <u>1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 14-1869</u>
9. AGE (In years last birthday) <u>81</u>		10. If under 1 Year If under 24 Hrs. Months <u>0</u> Days <u>20</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Sandusky, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>John Davis</u>		14. MOTHER'S MAIDEN NAME <u>Mary Sebill</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE <u>Edith Davis</u>		ADDRESS <u>Vermontville Mich</u>	
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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Cholecystitis</u>			
ANTECEDENT CAUSES			
Morbidity conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. <u>Jaundice Anemia</u>			
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 checked="" type="checkbox"/>			
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)	
		<u>Vermontville Eaton Mich</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 <u>March 4</u> , 19 <u>50</u> , to <u>March 4</u> , 19 <u>50</u> , and that death occurred at <u>11 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. Donald Kelley D.O.</u>		23b. ADDRESS <u>Vermontville Mich</u>	
23c. DATE SIGNED <u>3-8-1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>3-8-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Windsor</u>	24d. LOCATION (City, village, twp., or county) (State) <u>Carmel Twp. Eaton Co Mich</u>
DATE REC'D BY LOCAL REG. <u>March 8-1950</u>		REGISTRAR'S SIGNATURE <u>A. L. B. Cunningham</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>J. K. R. Ward</u>		ADDRESS <u>Vermontville Mich</u>	

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

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