

# CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH  
Vital Records Section

State File No.

BIRTH No.

Local File No. 7

1. PLACE OF DEATH a. COUNTY <u>Eaton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Vermontville, Mich.</u> b. COUNTY <u>Eaton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Vermontville</u>	c. LENGTH OF STAY (in this place) <u>2 yrs</u>	c. TOWNSHIP, CITY OR VILLAGE <u>Vermontville</u>	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 <u>26 1/2 East Main Street</u>		e. STREET ADDRESS (If rural, give location) <u>26 1/2 East Main Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Byron</u> b. (Middle) <u>Lamb</u> c. (Last) <u>Lamb</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>September 1</u> 19 <u>50</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2-20-1886</u>
9. AGE (In years last birthday) <u>70</u>	If under 1 Year Months <u>6</u> Days <u>11</u>	If under 24 Hrs. Hours <u>11</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Barbering</u>	11. BIRTHPLACE (State or foreign country) <u>Sanfield Township, Mich.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. C.</u>
13. FATHER'S NAME <u>George Lamb</u>		14. MOTHER'S MAIDEN NAME <u>Janet Wright</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE <u>Mrs. L. O'Wille</u>		ADDRESS <u>Lamb O'Wille 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Cerebral Apoplexy</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) <u>Hypertension due to arteriosclerosis</u> DUE TO (c) <u>Sclerosis</u> 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>July 15</u> 19 <u>50</u> , to <u>Sept. 1</u> 19 <u>50</u> , that I last saw the deceased alive on <u>August 31</u> 19 <u>50</u> , and that death occurred at <u>3:30</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Signature or title) <u>L. Donald Kelley D.O.</u>		23b. ADDRESS <u>Vermontville, Mich.</u>	
23c. DATE SIGNED <u>Sept 1-1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 13-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>	24d. LOCATION (City, village, twp., or county) (State) <u>Vermontville Mich.</u>
DATE REC'D BY LOCAL REG. <u>Sept 1-1950</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>K. K. Ward</u>	
REGISTRAR'S SIGNATURE <u>A. L. Barrington</u>		ADDRESS <u>Vermontville, Mich.</u>	

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

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