

BIRTH No.

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No.

Local File No. 8

1. PLACE OF DEATH
a. COUNTY

Eaton

b. CITY (If outside corporate limits, write RURAL and give township)
OR VILLAGE

Vermontville, Mich.

c. LENGTH OF STAY (in this place)
3 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION

176 East Main St.

3. NAME OF DECEASED
(Type or Print)

Herbert

a. (First)

Seth

Firster

5. SEX

Male

White

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

Retired

10b. KIND OF BUSINESS OR INDUSTRY

Farmer

13. FATHER'S NAME

Seth Firster

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)

no

16. SOCIAL SECURITY NO.

None

18. CAUSE OF DEATH

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)

myocardial failure

ANTECEDENT CAUSES

Morbidity conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.

Valvular heart disease

DUE TO (c)

Systemic infection (Cholera)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

None

19a. DATE OF OPERATION

None

19b. MAJOR FINDINGS OF OPERATION

None

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

(Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)

none

21e. INJURY OCCURRED While at Work Not While at Work

22. I hereby certify that I attended the deceased from 3-18, 1947, to 9-1, 1950, that I last saw the deceased alive on 9-1, 1950, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

Stewart Lof Dahl

23b. ADDRESS

1118 Nashville, Mich.

23c. DATE SIGNED

9-1-1950

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

Sept 4-1950

24c. NAME OF CEMETERY OR CREMATORY

Riverside Cemetery

24d. LOCATION (City, village, twp, or county) (State)

Hastings, Mich.

DATE REC'D BY LOCAL REG.

Sept 1-1950

REGISTRAR'S SIGNATURE

G. L. Birmingham

25. FUNERAL DIRECTOR'S SIGNATURE

K. K. Ward

ADDRESS

Vermontville, Mich.

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

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BIRTH

1. PLACE OF BIRTH

b. CITY OR VILLAGE

d. FULL NAME OF HOSPITAL OR INSTITUTION

3. NAME OF DECEASED

5. SEX

10a. USUAL OCCUPATION

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

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.

19a. DATE OF OPERATION

21a. ACCIDENT SUICIDE HOMICIDE

21d. TIME OF INJURY

22. I hereby certify that I attended the deceased from

23a. SIGNATURE

23b. ADDRESS

24a. BURIAL, CREMATION, REMOVAL

DATE REC'D BY LOCAL REG.