

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

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

*Reported to
Co. Clerk
FEB 5 - 1951*

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No.

BIRTH No.

Local File No. *9*

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 OR VILLAGE <i>Vermontville</i>	c. LENGTH OF STAY (in this place) <i>2 weeks</i>	c. TOWNSHIP, CITY OR VILLAGE <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 <i>187 West Second Street</i>		e. STREET ADDRESS (If rural, give location) <i>187 West Second Street</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Phoebe</i> b. (Middle) <i>Loretta</i> c. (Last) <i>Plummer</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>January 2 - 1951</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH (a. AGE (In years last birthday) <i>70</i> b. If under 1 Year Months <i>9</i> Days <i>7</i> c. If under 24 Hrs. Hours <i>7</i> Min.) <i>March 25 - 1880</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>	11. BIRTHPLACE (State or foreign country) <i>Kent Co., Mich.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>George Hubert</i>	
14. MOTHER'S MAIDEN NAME <i>Augusta Wing</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	
16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE <i>Edith Wiley</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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <i>Coronary Thrombosis</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.		Interval Between Onset and Death <i>15 min.</i>	
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)	
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 <i>Jan 5, 1951</i> , to <i>Jan 5, 1951</i> , that I last saw the deceased alive on <i>Jan 5, 1951</i> , and that death occurred at <i>12 A</i> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <i>M.D. Burkhead</i>		23b. ADDRESS <i>Charlotte Mich.</i>	
23c. DATE SIGNED <i>Jan 2 1951</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24b. DATE <i>Jan 5, 1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Highland Park</i>	
24d. LOCATION (City, village, town, or county) (State) <i>Dowagiac Mich.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>K.K. Ward</i> ADDRESS <i>Vermontville Mich.</i>	
DATE REC'D BY LOCAL REG. <i>Jan 5 1951</i>		REGISTRAR'S SIGNATURE <i>G.L. Barningham</i>	

B-3-36

474