

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No.

BIRTH No.

Local File No. 2

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>Calhoun</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Vermontville</u>	c. LENGTH OF STAY (in this place) <u>3 mo</u>	c. TOWNSHIP, CITY OR VILLAGE (Name of) <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>142 North Main St</u>		e. STREET ADDRESS (If rural, give location) <u>142 North Main Street</u>	
3. NAME OF DECEASED (Type or Print) <u>Lena May Kreeghoff</u>	a. (First)	b. (Middle)	c. (Last)
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>3-4-1876</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Eaton Co Mich</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Wilbur Baker</u>		14. MOTHER'S MAIDEN NAME <u>Mrs Marion Beck</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT'S SIGNATURE <u>Francis Patterson</u>		ADDRESS	
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) <u>Cerebral</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) <u>Passive pulmonary edema</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Progressive myocardial failure</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 type="checkbox"/>		Interval Between Onset and Death <u>2 days</u>	
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 <u>March 23</u> , 19 <u>51</u> , to <u>May 30</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>March 29</u> , 19 <u>51</u> , and that death occurred at <u>4:50</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>R E White</u>		23b. ADDRESS <u>Madison Mich</u>	
23c. DATE SIGNED <u>Apr 1-1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr 2-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>	24d. LOCATION (City, village, twp, or county) (State) <u>Vermontville, Eaton Mich</u>
DATE REC'D BY LOCAL REG. <u>April 2-1951</u>		REGISTRAR'S SIGNATURE <u>A. L. Baringham</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>K. K. Ward</u>		ADDRESS <u>Vermontville, Mich.</u>	

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

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