

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

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## CERTIFICATE OF DEATH

State File No.

BIRTH No.

MICHIGAN DEPARTMENT OF HEALTH  
Vital Records Section

Local File No. 3

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 Calhoun</i>	
b. CITY OR VILLAGE <i>Vermontville</i>	c. LENGTH OF STAY (in this place) <i>^</i>	c. TOWNSHIP, CITY OR VILLAGE <i>Battle Creek</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>158 Fifth Street</i>		e. STREET ADDRESS (If rural, give location) <i>12 Champion Street</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Annice F. W. Halen</i> b. (Middle) <i>Widow</i> c. (Last) <i>Widow</i>		4. DATE OF DEATH (Month) <i>April</i> (Day) <i>28</i> (Year) <i>1951</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>1-21-1888</i>
9. AGE (In years last birthday) <i>63</i>		If under 1 Year: Months <i>3</i> Days <i>7</i> Hours <i>—</i> Min. <i>—</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>	
11. BIRTHPLACE (State or foreign country) <i>Canada</i>		12. CITIZEN OF WHAT COUNTRY? <i>Maritoba. U.S.A.</i>	
13. FATHER'S NAME <i>Robert Finlayson</i>		14. MOTHER'S MAIDEN NAME <i>Elressa Wood</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>381-12-6808</i>	
17. INFORMANT'S SIGNATURE <i>Martin B. W. Halen</i>		ADDRESS <i>—</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <i>abdominal Lymphoma</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) <i>—</i> rise to the above cause (a) stating the underlying cause last. DUE TO (c) <i>—</i> 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"/>		Interval Between Onset and Death <i>18 Months</i>	
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) (Minute) (Second)	
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>June 29</i> , 19 <i>50</i> , to <i>April 28</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>April 27</i> , 19 <i>51</i> , and that death occurred at <i>8:00</i> A.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Bertram Shentline D.O.</i>		23b. ADDRESS <i>58 Cedar M.E. Battle Creek Mich</i>	
23c. DATE SIGNED <i>4-28-51</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24b. DATE <i>5-4-51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Killarney Man</i>	
24d. LOCATION (City, village, twp., or county) (State) <i>Killarney Monitoba Canada</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>K.R.W. and</i>	
DATE REC'D BY LOCAL REG. <i>April 29-1951</i>		REGISTRAR'S SIGNATURE <i>A.L. Barmingham</i>	
ADDRESS <i>Vermontville Mich</i>		ADDRESS <i>—</i>	

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