

Reported to Coroner
JUL 27 '51

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No.

BIRTH No.

Local File No. 4

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>Eaton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Vermontville</u>		c. TOWNSHIP, CITY OR VILLAGE <u>Vermontville</u> (Name of)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>490 South Main St</u>		e. STREET ADDRESS <u>490 South Main Street</u> (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arza</u> b. (Middle) <u>Cortland</u> c. (Last) <u>Barnes</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>23</u> (Year) <u>1951</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>Sept. 22-1883</u>	
9. AGE (In years last birthday) <u>67</u>		10. Is Residence within limits of a city or incorporated village? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		12. KIND OF BUSINESS OR INDUSTRY <u>Section Foreman RR</u>	
13. BIRTHPLACE (State or foreign country) <u>Kalamazoo Township Mich</u>		14. CITIZEN OF WHAT COUNTRY? <u>U.S. &</u>	
15. FATHER'S NAME <u>Theodore Barnes</u>		16. MOTHER'S MAIDEN NAME <u>Eliza Everett</u>	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		18. SOCIAL SECURITY NO. <u>713-05-2186</u>	
19. INFORMANT'S SIGNATURE <u>Mrs. Mina Barnes</u>		20. ADDRESS <u>Vermontville, 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> Morbidity conditions, if any, giving DUE TO (b) <u>Age</u> DUE TO (c) <u>Age</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	
20c. CITY, VILLAGE, OR TOWNSHIP (COUNTY) (STATE) <u>None</u>		20d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	
20e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		20f. HOW DID INJURY OCCUR? <u>None</u>	
22. I hereby certify that I attended the deceased from <u>May 16</u> , 19 <u>41</u> , to <u>6-23</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6-23</u> , 19 <u>51</u> , and that death occurred at <u>5 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Stewart Lofdahl MD</u>		23b. ADDRESS <u>Marquette, Mich.</u>	
23c. DATE SIGNED <u>June 26-1951</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>June 26-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Freemian Cemetery</u>	
24d. LOCATION (City, village, twp., or county) (State) <u>Summit - Eaton Mich</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>K.K. Ward</u>	
DATE REC'D BY LOCAL REG. <u>June 26-1951</u>		REGISTRAR'S SIGNATURE <u>A.L. Barningham</u>	
25. ADDRESS <u>Vermontville Mich.</u>		26. ADDRESS <u>Vermontville Mich.</u>	

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

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1. PLACE a. CO

b. CITY OR VIL

d. FULL HO INS

3. NAME DECE (Ty

5. SEX M

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13. FATH

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