

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

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BIRTH No.

JUL 27 '51

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

Local File No. 5

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 (If outside corporate limits, write RURAL and give township) <i>Vermontville</i>	c. LENGTH OF STAY (in this place) <i>15 yrs</i>	c. TOWNSHIP, OFFICE 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>146 West 1st Street</i>		e. STREET ADDRESS <i>146 West 1st Street</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Edman</i> b. (Middle) <i>Clinton</i> c. (Last) <i>Lumia</i>		4. DATE OF DEATH (Month) <i>July</i> (Day) <i>14</i> (Year) <i>1951</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>8-21-1867</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>Farming</i>	11. BIRTHPLACE (State or foreign country) <i>Barry Co. Mich.</i>
13. FATHER'S NAME <i>John Lumia</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
14. MOTHER'S MAIDEN NAME <i>Mary Fisher</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>Wm. W. Firsler</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 Interval Between Onset and Death <i>4 hrs</i>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac Failure</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"/>		21a. ACCIDENT (Specify) <i>While at Work</i>	
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) <i>7-14-51 11:00 a.m.</i>		21e. INJURY OCCURRED While at Work <input checked="" 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>3-18</i> 19 <i>44</i> , to <i>7-14</i> 19 <i>51</i> , that I last saw the deceased alive on <i>7-14</i> 19 <i>51</i> , and that death occurred at <i>3:00</i> p.m., from the causes and on the date stated above.	
23a. SIGNATURE <i>Stewart Lofdehl M.D.</i>		23b. ADDRESS <i>Marquette Mich</i>	
23c. DATE SIGNED <i>7-16-51</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	
24b. DATE <i>7-17-51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Woodlawn</i>	
24d. LOCATION (City, village, twp., or county) (State) <i>Vermontville Mich</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>K.K. Ward</i>	
DATE REC'D BY LOCAL REG. <i>7-17-1951</i>		REGISTRAR'S SIGNATURE <i>A.L. Birmingham</i>	
ADDRESS <i>Vermontville Mich</i>			

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