

BIRTH No.

CERTIFICATE OF DEATH

State File No.

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

Local File No. 6

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

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 (Name of) <u>Vermontville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>277 West 1st Street</u>		e. STREET ADDRESS (If rural, give location) <u>277 West 1st Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Elmer</u> c. (Last) <u>Gaut</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept</u> <u>23</u> <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>Feb. 28-1874</u>
9. AGE (In years last birthday) <u>77</u>		10. If under 1 Year If under 24 Hrs. Months <u>6</u> Days <u>25</u> Hours <u></u> Min. <u></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>Plumber</u>	
11. BIRTHPLACE (State or foreign country) <u>Easton Township, Barry County, Mich.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Alonso Gaut</u>		14. MOTHER'S MAIDEN NAME <u>Mary Sears</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>365-28-6731</u>	
17. INFORMANT'S SIGNATURE <u>Mrs. Ethel Gaut</u>		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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Arteriosclerotic heart disease</u> 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 <u>15 years</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input 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) (Min.)		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>May 3</u> , 19 <u>37</u> , to <u>Sept 23</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Sept 22</u> , 19 <u>51</u> , and that death occurred at <u>3:55</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>R. E. White</u>		23b. ADDRESS <u>D.O. Nashville, Mich.</u>	
23c. DATE SIGNED <u>9-24-1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>9-26-1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>		24d. LOCATION (City, village, twp., or county) (State) <u>Vermontville, Mich.</u>	
DATE REC'D BY LOCAL REG. <u>9-25-1951</u>		REGISTRAR'S SIGNATURE <u>U. L. B. Armstrong</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>K. K. Ward</u>		ADDRESS <u>Vermontville Mich.</u>	

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