

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No.

BIRTH No.

Local File No. 3

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. LENGTH OF STAY (in this place)	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>328 East Main St</u>		e. STREET ADDRESS (If rural, give location) <u>328 East Main St</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> b. (Middle) <u>E.</u> c. (Last) <u>Rawson</u>	4. DATE OF DEATH (Month) <u>March</u> (Day) <u>6</u> (Year) <u>1952</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>10-28-1875</u>
9. AGE (In years last birthday) <u>76</u>	If under 1 Year Months <u>4</u> Days <u>8</u>	If under 24 Hrs. Hours <u>8</u> Min.	
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>Farm & Factory Worker</u>	11. BIRTHPLACE (State or foreign country) <u>Mich</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13. FATHER'S NAME <u>Edmond Rawson</u>		14. MOTHER'S MAIDEN NAME <u>Mary Monroe</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or date of service) <u>368-26-5695</u>	17. INFORMANT'S SIGNATURE <u>How Rawson, Hastings, 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>Coronary Occlusion</u> INTERVAL BETWEEN Onset and Death <u>10 min.</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arteriosclerosis</u> DUE TO (c) 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"/>
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>Mar. 6</u> , 19 <u>52</u> , to <u>March 6</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>March 6</u> , 19 <u>52</u> , and that death occurred at <u>8:20 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R. E. White D.O.</u>	23b. ADDRESS <u>Marshville, Mich</u>	23c. DATE SIGNED <u>Mar 6-1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 10-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Farmington</u>	24d. LOCATION (City, village, twp., or county) (State) <u>Sunfield Eaton Mich</u>
DATE REC'D BY LOCAL REG. <u>Mar. 9-1952</u>	REGISTRAR'S SIGNATURE <u>A. L. Barningham</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

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