

Very much as usual  
is ill  
MAR 20 1952

# CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH  
Vital Records Section

State File No.

BIRTH No.

Local File No. 2

1. PLACE OF DEATH a. COUNTY Eaton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mich. b. COUNTY Eaton	
b. CITY (If outside corporate limits, write RURAL and give township) 227 East Main St. c. LENGTH OF STAY (in this place) 6 Mo.		c. TOWNSHIP, CITY OR VILLAGE Vermontville 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 227 East Main St.		e. STREET ADDRESS (If rural, give location) 227 East Main St.	
3. NAME OF DECEASED (Type or Print) a. (First) Clarence A. Griffin b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Feb 24 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 8-4-1881
9. AGE (In years last birthday) 70		10. If under 1 Year If under 24 Hrs. Months Days Hours Min. 6 25	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (State or foreign country) Vermontville Township		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Frank Griffin		14. MOTHER'S MAIDEN NAME Lucy A. Coon	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE Nina Griffin		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardio Vascular failure		Interval Between Onset and Death 10 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Arterio Sclerosis		10 years	
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 checked="" 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 (Month) (Day) (Year) (Hour) (Minute) 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 Dec 19 1951, to Feb 24 1952, that I last saw the deceased alive on Feb 24 1952, and that death occurred at m., from the causes and on the date stated above.			
23a. SIGNATURE L. Donald Kelsey D.O. (Degree or title)		23b. ADDRESS Vermontville Mich.	
23c. DATE SIGNED Mar 1-1952			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar 13-1952	
24c. NAME OF CEMETERY OR CREMATORY Lakewood Cemetery		24d. LOCATION (City, village, twp., or county) Nashville Mich.	
DATE REC'D BY LOCAL REG. Mar 1-1952		REGISTRAR'S SIGNATURE A. L. Birmingham	
25. FUNERAL DIRECTOR'S SIGNATURE K. K. Ward		ADDRESS Vermontville Mich.	

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

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