

Copy Co. Clark
2-4-53

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No.

41

BIRTH No.

Local File No.

4

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| 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) <u>72 yrs.</u> | c. TOWNSHIP, CITY OR VILLAGE <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>142 North Main St.</u> | | e. STREET ADDRESS (If rural, give location) <u>142 North Main St.</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>D.</u> c. (Last) <u>Beck</u> | 4. DATE OF DEATH (Month) <u>5</u> (Day) <u>-</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>2-5th-1875</u> |
| 9. AGE (In years last birthday) <u>77</u> | If under 1 Year Months <u>3</u> Days <u>14</u> | If under 24 Hrs. 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>Carpenter</u> | 11. BIRTHPLACE (State or foreign country) <u>Freemont, Ohio</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13. FATHER'S NAME <u>Joseph B. Beck</u> | | 14. MOTHER'S MAIDEN NAME <u>Catherine Verswindt</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE <u>(Wife) Marion Beck, 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) <u>Arterio Sclerosis</u> 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>5 yrs.</u> | |
| 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) <u>Vermontville, Eaton, Mich.</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 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>Jan. 5, 1951</u> , to <u>May 19, 1952</u> , that I last saw the deceased alive on <u>5-19-</u> , 19 <u>52</u> , and that death occurred at <u>9:15 P.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>L. Donald Kelsey D.O.</u> | | 23b. ADDRESS <u>Vermontville, Mich.</u> | 23c. DATE SIGNED <u>5-22-1952</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>5-22-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cem.</u> | 24d. LOCATION (City, village, twp., or county) (State) <u>Vermontville Mich.</u> |
| DATE REC'D BY LOCAL REG. <u>May 22-1952</u> | REGISTRAR'S SIGNATURE <u>L. A. March</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>H. K. Ward</u> ADDRESS <u>Vermontville Mich.</u> | |

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