

Copy to Co. Clerk
3-4-53

CERTIFICATE OF DEATH

State File No.

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

Local File No.

5

BIRTH No.

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> OR VILLAGE <u>196 W. First St.</u>		c. LENGTH OF STAY (in this place)	c. TOWNSHIP, CITY OR VILLAGE <u>Vermontville</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>196 W. First St.</u>		e. STREET ADDRESS (If rural, give location) <u>196 W. First St.</u>	
3. NAME OF DECEASED a. (First) <u>Alonso Edward</u> b. (Middle) <u>Baker</u> c. (Last) <u>Baker</u>		4. DATE OF DEATH (Month) <u>10</u> (Day) <u>31</u> (Year) <u>1952</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6-26-1884</u>
9. AGE (In years last birthday) <u>68</u>		10. AGE (In years last birthday) <u>68</u>	
11. AGE (In years last birthday) <u>68</u>		12. AGE (In years last birthday) <u>68</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>Laborer</u>	
11. BIRTHPLACE (State or foreign country) <u>Black Co. Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>Joshua Baker</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Stump</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>Lena Baker (Wife)</u>		ADDRESS <u>Vermontville</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Cardiac failure</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) <u>Aortic Stenosis</u> rise to the above cause (a) stating the underlying cause last. <u>Rheumatic fever (year?)</u> DUE TO (c) <u>?</u> 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 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>Jan 1</u> , 19 <u>50</u> , to <u>Oct. 30</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Oct 30</u> , 19 <u>52</u> , and that death occurred at <u>6:45 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>Nashville Mich</u>	
23c. DATE SIGNED <u>11/1/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>11-2-52</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>11-1-52</u>		REGISTRAR'S SIGNATURE <u>J.E. Marston</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>H.H. Ward</u>		ADDRESS <u>Vermontville Mich</u>	

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

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