

# CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH  
Vital Records Section

State File No.

BIRTH No.

Local File No. 1

1. PLACE OF DEATH a. COUNTY <i>Eaton</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mich</i> b. COUNTY <i>Eaton</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Vermontville</i>	c. LENGTH OF STAY (in this place) <i>50 yrs</i>	c. TOWNSHIP, CITY OR VILLAGE <i>Vermontville</i>	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 <i>323 W. Main St.</i>		e. STREET ADDRESS (If rural, give location) <i>323 W Main St.</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Hannah J.</i> b. (Middle) <i>Boyles</i> c. (Last)	4. DATE OF DEATH (Month) <i>1</i> (Day) <i>15</i> (Year) <i>1953</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>9-9-1859</i>
9. AGE (In years last birthday) <i>93</i>		10. If under 1 Year: Months <i>5</i> Days <i>6</i> Hours <i></i> Min. <i></i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Relief</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Housekeeping</i>	
11. BIRTHPLACE (State or foreign country) <i>Indiana</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Stephen Boyles</i>		14. MOTHER'S MAIDEN NAME <i>Sarah J. Boyles</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT'S SIGNATURE <i>Mrs. D. A. Rood</i>		ADDRESS <i>Vermontville Mich.</i>	
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 Interval Between Onset and Death <i>4 days</i>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <i>Fractured Hip</i>			
ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. <i>Senile Myocarditis</i>		<i>15 yrs</i>	
DUE TO (c) <i>Arteriosclerosis</i>		<i>15 yrs</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Osteoporosis</i>			
19a. DATE OF OPERATION <i>None</i>	19b. MAJOR FINDINGS OF OPERATION <i>None</i>		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <i>Suicide</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Fell at home</i>	21c. (CITY, VILLAGE, OR TOWNSHIP) <i>Vermontville</i> (COUNTY) <i>Eaton</i> (STATE) <i>Mich</i>	
21d. TIME OF INJURY (Month) <i>1</i> (Day) <i>9</i> (Year) <i>53</i> m.	21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Fell on floor</i>	
22. I hereby certify that I attended the deceased from <i>1-15</i> , 19 <i>53</i> , to <i>1-15</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>1-15</i> , 19 <i>53</i> , and that death occurred at <i>1-15</i> , 19 <i>53</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Stewart Lofdahl md</i> (Degree or title)	23b. ADDRESS <i>Nashville Mich</i>	23c. DATE SIGNED <i>1-16-53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>1-19-1953</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Woodland Cem</i>	24d. LOCATION (City, village, twp., or county) (State) <i>Barry Co Mich</i>
DATE REC'D BY LOCAL REG. <i>1-16-53</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>H. H. K. Rood</i> ADDRESS <i>Vermontville Mich</i>	

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

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