

State File No.

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

Local File No.

BIRTH No.

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 Mich</i>		c. LENGTH OF STAY (in this place) <i>Life</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>163 Maple St</i>		e. STREET ADDRESS <i>163 Maple St.</i>	
3. NAME OF DECEASED (Type or Print) <i>Corn</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>3 17 53</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>2-26-1871</i>	
9. AGE (In years last birthday) <i>82</i>		10. If under 1 Year Months Days Hours Min. <i>0 27</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>	
11. BIRTHPLACE (State or foreign country) <i>Eaton Pa. Mich</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Hollis Patterson</i>		14. MOTHER'S MAIDEN NAME <i>Ellen Wells</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT'S SIGNATURE <i>Betha Wellner</i>		ADDRESS <i>Daughter 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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <i>Acute Heart Block</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>Myocardial Degeneration</i> 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	
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 <i>Oct 1940</i> , 19 <i>53</i> , to <i>March 17</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>Mar 17</i> , 19 <i>53</i> , and that death occurred at <i>6:30 P.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>R Donald Kelsey D.O.</i>		23b. ADDRESS <i>Vermontville Mich</i>	
23c. DATE SIGNED <i>3/19/53</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>3-20-53</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Woodlawn Cem.</i>		24d. LOCATION (City, village, twp., or county) (State) <i>Vermontville Mich</i>	
DATE REC'D BY LOCAL REG. <i>3-20-53</i>		REGISTRAR'S SIGNATURE <i>[Signature]</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>X. X. Ward</i>		ADDRESS <i>Vermontville Mich</i>	

TYPE OR PRINT (EXCEPT SIGNATURES) IN BLACK INK—THIS IS A FEMININE NAME

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

copy sent
to Clerk
July

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Min.

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5 yrs
5 yrs

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(STATE)

(STATE)

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