

184
BIRTH No. NOV 17 1953

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No.

Local File No. 5

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. TOWNSHIP, CITY OR VILLAGE (Name of) <u>Vermontville</u>	d. Is Residence within limits of a city or incorporated village? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>20 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>163 Maple St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>N.Y.C. P.R. Crossing S. Main St.</u>			
3. NAME OF DECEASED a. (First) <u>BERTHA</u> b. (Middle) <u>MAE</u> c. (Last) <u>WELLMAN</u>		4. DATE OF DEATH (Month) <u>Sept.</u> (Day) <u>30</u> (Year) <u>1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 12-1895</u>
9. AGE (In years last birthday) <u>58</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	
10a. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Eaton Co. Mich.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Frank Cook</u>	
14. MOTHER'S MAIDEN NAME <u>Cora Patterson</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>Mrs. Keith Wellman-Rome, Jr.</u> 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) <u>Head injuries & shock.</u> Interval Between Onset and Death <u>Instant</u>			
ANTECEDENT CAUSES			
Morbidity conditions, if any, giving DUE TO (b) 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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>P.R. Crossing</u>	21c. CITY, VILLAGE, OR TOWNSHIP (COUNTY) (STATE) <u>Vermontville Eaton Mich</u>	
21d. TIME (Month) (Day) (Year) (Hour) <u>9-30-1953</u> m.	21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Collision between auto & train</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:10 p.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>M.D. Burkhead Eaton Co. Coroner</u>		23b. ADDRESS <u>Charlotte Mich</u>	23c. DATE SIGNED <u>9-30-1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>10-3-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>	24d. LOCATION (City, village, twp., or county) (State) <u>Vermontville Mich</u>
DATE REC'D BY LOCAL REG. <u>Oct. 2-1953</u>	REGISTRAR'S SIGNATURE <u>J.E. Marcum</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard L. Stanley</u> ADDRESS <u>Vermontville Mich</u>	

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

BII

1. PL a.

b.

d.

3. N/ DE

5. SE

10a. U done d

13. FA

15. W (Yes, t

18. CA

Enter line f

*This mode of failure means or com death.

19a. C

21a. A S +

21d. T C I

22. I I

23a. S

24a. B REM

DATE

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