

1954
NOV 17 1953

CERTIFICATE OF DEATH

State File No.

BIRTH No.

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

Local File No. 5

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

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

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