

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No.

Local File No. 6

BIRTH No.

1. PLACE OF DEATH a. COUNTY <u>Easton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mich.</u> b. COUNTY <u>Easton</u>	
b. CITY OR VILLAGE <u>Vermontville</u>		c. LENGTH OF STAY (in this place) <u>4 1/2</u>	c. TOWNSHIP, CITY OR VILLAGE <u>Vermontville</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>M.C.R.R. Crossing - S. Main St.</u>		e. STREET ADDRESS (If rural, give location) <u>163 Maple St.</u>	
3. NAME OF DECEASED (Type or Print) <u>CECIL</u>	a. (First) <u>C</u> b. (Middle) <u>WELLMAN</u> c. (Last)	4. DATE OF DEATH (Month) <u>Sept.</u> (Day) <u>30</u> (Year) <u>1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 2 - 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>Laborer</u>		11. BIRTHPLACE (State or foreign country) <u>Neuquero Co. Mich.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Unknown</u>	
14. MOTHER'S MAIDEN NAME <u>Emma Wellman</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>367-12-8020</u>		17. INFORMANT'S SIGNATURE <u>Mr. Keith Wellman, Rome, Ga.</u> ADDRESS <u></u>	
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>Fractured Skull & Head Injuries</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 checked="" 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>R.R. Crossing</u>	21c. CITY, VILLAGE, OR TOWNSHIP <u>Vermontville</u>	(COUNTY) <u>Easton</u> (STATE) <u>Mich.</u>
21d. TIME OF INJURY (Month) <u>9</u> (Day) <u>30</u> (Year) <u>53</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 A.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>M.D. Berthel Easton, Coroner</u>		23b. ADDRESS <u>Charlotte Mich.</u>	
23c. DATE SIGNED <u>9-30-1953</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-3-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>	24d. LOCATION (City, village, twp., or county) <u>Vermontville Mich.</u>
DATE REC'D BY LOCAL REG. <u>Oct-2-1953</u>	REGISTRAR'S SIGNATURE <u>J.E. Marcus</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

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