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Co. Clerk

CERTIFICATE OF DEATH

State File No.

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

BIRTH No.

Local File No. 2

1. PLACE OF DEATH a. COUNTY <u>EATON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Michigan</u> b. COUNTY <u>Eaton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Vermontville</u>		c. LENGTH OF STAY (in this place) <u>54</u>		c. TOWNSHIP, CITY OR VILLAGE <u>Vermontville Mich</u>		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 <u>North Main St</u>				e. STREET ADDRESS <u>North Main St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA JANE</u> b. (Middle) <u>SURINE</u> c. (Last) <u>SURINE</u>		4. DATE OF DEATH (Month) <u>March</u> (Day) <u>28</u> (Year) <u>1954</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>February 10 1877</u>	9. AGE (In years last birthday) <u>77</u>	If under 1 Year Months <u>1</u> Days <u>18</u>		If under 24 Hrs. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Michigan</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Joseph Wesley Ford</u>				14. MOTHER'S MAIDEN NAME <u>Margaret Smith</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>Charles E. Surine</u>		ADDRESS <u>Vermontville Mich</u>	
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) <u>Asthenia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Carcinoma of Breast</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Interval Between Onset and Death <u>7 Days</u> <u>12 mo</u>	
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) m.		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 <u>Aug</u> 19 <u>53</u> , to <u>March</u> 19 <u>54</u> , that I last saw the deceased alive on <u>March 27</u> 19 <u>54</u> , and that death occurred at <u>9:40</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. Donald Kebeey D.O.</u>		(Degree or title)		23b. ADDRESS <u>Vermontville Mich</u>		23c. DATE SIGNED <u>3/29-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-30-54</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>March-30-54</u>		REGISTRAR'S SIGNATURE <u>J.E. Marcum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard A. Stanley</u> ADDRESS <u>Vermontville Mich</u>			

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