

# CERTIFICATE OF DEATH

State File No.

MICHIGAN DEPARTMENT OF HEALTH  
Vital Records Section

Local File No. 5

BIRTH No. *Copy to Church  
Nov-14-54*

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. LENGTH OF STAY (in this place) <u>74</u>	c. TOWNSHIP, CITY OR VILLAGE (Name of) <u>Vermontville</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>217 W Main</u>		e. STREET ADDRESS (If rural, give location) <u>217 W Main</u>	
3. NAME OF DECEASED a. (First) <u>Jella Dorothy</u> b. (Middle) <u>Lowland</u> c. (Last) _____		4. DATE OF DEATH <u>July 17 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>June 23, 1880</u>
9. AGE (In years last birthday) <u>74</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) <u>Vermontville Mich</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Frank Ambrose</u>		14. MOTHER'S MAIDEN NAME <u>Etta Moore</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE <u>E.J. Lowland</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>Pleural Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Anaemic</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Tuberculosis</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)	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>May 1954</u> , to <u>July 17 1954</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____, m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. Donald Kelsey D.O.</u>		23b. ADDRESS <u>Vermontville Mich</u>	23c. DATE SIGNED <u>7/19/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-19-54</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>July 17-1954</u>		REGISTRAR'S SIGNATURE <u>L.E. Marcum</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard X. Stanley</u>		ADDRESS <u>Otto Funeral Home</u>	

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

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