

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No.

Local File No. 5

BIRTH No.

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>	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>217 W Main</u>		e. STREET ADDRESS (If rural, give location) <u>217 W Main</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jella Dorothy</u> b. (Middle) <u>Loveland</u> c. (Last) <u>Mich</u>		4. DATE OF DEATH (Month) <u>July</u> (Day) <u>17</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 (In years last birthday) <u>June 23, 1880</u> 74
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>
13. FATHER'S NAME <u>Frank Ambrose</u>		14. MOTHER'S MAIDEN NAME <u>Elta 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. Loveland</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 Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Anaemic</u> DUE TO (c) <u>Tuberculosis</u> 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"/>		Interval Between Onset and Death <u>12 hrs</u> <u>20 yrs</u> <u>40 yrs</u>	
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>May</u> , 19 <u>46</u> , to <u>July 17</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>July 17</u> , 19 <u>54</u> , and that death occurred at <u>Mich</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. Donald Kiley 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 A. Starkey</u>		ADDRESS <u>Otto Funeral Home</u>	

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

deceased alive

ED

(State)

SS
Mich

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