

Canton Co. Mich.
010519-54

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No.

6

Local File No.

6

BIRTH No.

1. PLACE OF DEATH a. COUNTY <u>Canton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mich.</u> b. COUNTY <u>Canton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Vermontville</u>		c. LENGTH OF STAY (in this place)	c. TOWNSHIP, CITY OR VILLAGE <u>Vermontville</u> (Name of)
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>458 S Main St.</u>		e. STREET ADDRESS (If rural, give location) <u>458 S Main</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Darling</u> c. (Last) <u>Dancer</u>		4. DATE OF DEATH (Month) <u>Oct</u> (Day) <u>19</u> (Year) <u>1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 4 1893</u>
9. AGE (In years last birthday) <u>60</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Madman Retired</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Madman Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>US postal Ser</u>	
11. BIRTHPLACE (State or foreign country) <u>Auburn Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>J. D. Dancer</u>		14. MOTHER'S MAIDEN NAME <u>Addie Miller</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE <u>Mrs Cora Dancer</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> 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"/>		Interval Between Onset and Death <u>2 days</u>	
21a. ACCIDENT (Specify) <u>SUICIDE</u>		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 (Month) (Day) (Year) (Hour) (Minute) OF INJURY	
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>10-17</u> , 19 <u>54</u> , to <u>10/18/54</u> , that I last saw the deceased alive on <u>10/18</u> , 19 <u>54</u> , and that death occurred at <u>90</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E T Morris M.D.</u>		23b. ADDRESS <u>Nashville, Michigan</u>	
23c. DATE SIGNED <u>10/19/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>10/22/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>	
24d. LOCATION (City, village, twp., or county) (State) <u>Vermontville Canton Co. Mich.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard L. Slattery</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard L. Slattery</u>		ADDRESS <u>Vermontville Mich</u>	
DATE REC'D BY LOCAL REG. <u>Oct 21-54</u>		REGISTRAR'S SIGNATURE <u>L.E. Marc</u>	

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

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