

5/23/55

CERTIFICATE OF DEATH

State File No.

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

Local File No. 7

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>Michigan</u> b. COUNTY <u>Eaton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Vernonville</u>	c. LENGTH OF STAY (in this place)	c. TOWNSHIP, CITY OR VILLAGE (Name of) <u>Ex 71 Vernonville</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>300 Maple St.</u>		e. STREET ADDRESS (If rural, give location) <u>300 Maple St.</u>	
3. NAME OF DECEASED a. (First) <u>SAM</u> b. (Middle) <u>EDSON</u> c. (Last) <u>TORREY</u>		4. DATE OF DEATH (Month) <u>12</u> (Day) <u>5</u> (Year) <u>54</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>Dec. 5-1876</u>
9. AGE (In years last birthday) <u>78</u>		If under 1 Year: Months <u>78</u> Days <u>78</u> Hours <u>78</u> Min. <u>78</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>White River</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13. FATHER'S NAME <u>Timothy</u>	
14. MOTHER'S MAIDEN NAME <u>Lucy Colham</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>Mr. Krantz</u>		17. INFORMANT'S SIGNATURE <u>MRS. R. TORREY</u> ADDRESS <u>Kalamazoo 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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Myocardial Degeneration</u> Morbidity conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. <u>4 yrs.</u> DUE TO (c) 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>4 yrs.</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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>J. Donald Kelly D.D.</u>		23b. ADDRESS <u>Vernonville Mich</u>	
23c. DATE SIGNED <u>12-7-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>12-7-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Reveries</u>	
24d. LOCATION (City, village, twp., or county) (State) <u>Kalamazoo Mich</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard J. Stanley</u> ADDRESS <u>Vernonville Mich</u>	
DATE REC'D BY LOCAL REG. <u>Dec 6-1954</u>		REGISTRAR'S SIGNATURE <u>J. E. Mancum</u>	

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

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