

Co. Clerk
3/23/55

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No.

BIRTH No.

Local File No. 1

| | | | |
|--|-------------------------------|---|---|
| 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 OR VILLAGE <u>Vernonville Mich</u> | | c. TOWNSHIP, CITY OR VILLAGE <u>Vernonville Mich</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>223 1/2 Main St</u> | | e. STREET ADDRESS <u>223 1/2 Main St</u> | |
| 3. NAME OF DECEASED a. (First) <u>OLA</u> b. (Middle) <u>RAY</u> c. (Last) <u>PERKINS</u> | | 4. DATE OF DEATH (Month) <u>Jan</u> (Day) <u>3</u> (Year) <u>1955</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>March 2-1893</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Machine Operator</u> | 11. BIRTHPLACE (State or foreign country) <u>Bankers Mich</u> |
| 13. FATHER'S NAME <u>William O Case</u> | | 14. MOTHER'S MAIDEN NAME <u>Charlotte Loney</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>366-22-9381</u> | |
| 17. INFORMANT'S SIGNATURE <u>Maude Perkins</u> | | ADDRESS | |
| 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>Pulmonary Cancer</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) <u>Bronchogenic Ca.</u> 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"/> | | | |
| 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) (Min.) | | 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>2-18</u> , 19 <u>45</u> , to <u>1-2</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1-2</u> , 19 <u>55</u> , and that death occurred at <u>1:35 A.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Stewart Lofdale M.D.</u> | | 23b. ADDRESS <u>Nashville Mich</u> | |
| 23c. DATE SIGNED <u>1-8-55</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>1-9-55</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Freemans Cemetery</u> | | 24d. LOCATION (City, village, twp., or county) (State) <u>Eaton Mich</u> | |
| DATE REC'D BY LOCAL REG. <u>Jan 8-1955</u> | | REGISTRAR'S SIGNATURE <u>L.E. Marcus</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wendell DeTole</u> | | ADDRESS <u>Sanfield Mich</u> | |

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

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