

# CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH  
Vital Records Section

State File No.

Local File No. 2

BIRTH No.

1. PLACE OF DEATH a. COUNTY <u>Easton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mich</u> b. COUNTY <u>Easton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Vernonhills Mich</u>		c. LENGTH OF STAY (in this place) <u>76 yrs</u>	c. TOWNSHIP, CITY OR VILLAGE (Name of) <u>Vernonhills</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>397 S. Main St.</u>		e. STREET ADDRESS (If rural, give location) <u>397 S. Main St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MYRA</u> b. (Middle) <u>ALMEDA</u> c. (Last) <u>HOPPER</u>		4. DATE OF DEATH (Month) <u>Jan</u> (Day) <u>30</u> (Year) <u>1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 15-1870</u>
9. AGE (In years last birthday) <u>84</u>		If under 1 Year: Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </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 <u>  </u>	11. BIRTHPLACE (State or foreign country) <u>Ingham Co. Mich</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Delia B. Mowrey</u>	
14. MOTHER'S MAIDEN NAME <u>Julia A. Gunn</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE <u>Mrs. Leely Long-Vernonhills 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>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Nephritis</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>  </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>3 Days</u> <u>6 Weeks</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 1940</u> , to <u>Jan 30</u> , 1955, that I last saw the deceased alive on <u>Jan 29</u> , 1955, and that death occurred at <u>8:00</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. Donald Kelly D.O.</u>		23b. ADDRESS <u>Vernonhills Mich</u>	23c. DATE SIGNED <u>Feb-1-1955</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/1/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>	24d. LOCATION (City, village, twp., or county) (State) <u>Vernonhills Easton Co. Mich</u>
DATE REC'D BY LOCAL REG. <u>Feb-1-1955</u>		REGISTRAR'S SIGNATURE <u>J.E. Mareum</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard Stanley</u>		ADDRESS <u>Vernonhills Mich</u>	

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

5-23-55  
55  
Year  
or 24 Hrs.  
Min.  
COUNTRY?  
ADDRESS  
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mo.  
mo.  
AUTOPSY?  
Yes ☐ No ☒  
(STATE)  
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Mich.  
ADDRESS  
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