

Co. Clerk  
523-55

# CERTIFICATE OF DEATH

State File No.

MICHIGAN DEPARTMENT OF HEALTH  
Vital Records Section

Local File No. 3

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>2 yrs.</u>	c. TOWNSHIP, CITY OR VILLAGE (Name of) <u>Vermontville</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ALEXANDRA E. Mason St</u>		e. STREET ADDRESS (If rural, give location) <u>E. Mason St</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALEXANDRA</u> b. (Middle) <u>TUSA</u> c. (Last) <u>TUSA</u>		4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>25</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>Divorced</u>	8. DATE OF BIRTH (Month) <u>Jan.</u> (Day) <u>26</u> (Year) <u>1874</u>
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	
11. BIRTHPLACE (State or foreign country) <u>Alvord Finland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Tusa</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Korpilampi</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. William Woods, Vermontville</u>		ADDRESS <u></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>Cerebral Accident</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Senility</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>Golden</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
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 OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED While at <input type="checkbox"/> Not While <input type="checkbox"/> Work <input type="checkbox"/> 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 <u>3:20 p.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>M. S. Burkhead Secy</u>		23b. ADDRESS <u>Chas. Cott</u>	
23c. DATE SIGNED <u>3/1/1955</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>3/4/1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Lakeview</u>		24d. LOCATION (City, village, twp., or county) (State) <u>Wheeler Twp. Saginaw Co. Mich</u>	
DATE REC'D BY LOCAL REG. <u>Mar 2-55</u>		REGISTRAR'S SIGNATURE <u>C. E. Marcum</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Richard L. Smith</u>		ADDRESS <u>Vermontville Mich</u>	

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

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