

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No.

BIRTH No.

Local File No. 4

1. PLACE OF DEATH a. COUNTY <i>Cataw</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE <i>Michigan</i> b. COUNTY <i>Cataw</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Vermontville</i>	c. LENGTH OF STAY (in this place) <i>47 yrs</i>	c. TOWNSHIP, CITY OR VILLAGE (Name of) <i>Vermontville</i>	d. Is Residence within limits of a city or incorporated village? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Rt 2 Vermontville</i>		e. STREET ADDRESS (If rural, give location) <i>RT 2 Vermontville</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Warren</i> b. (Middle) <i>Taylor</i> c. (Last) <i>Taylor</i>		4. DATE OF DEATH (Month) <i>April</i> (Day) <i>1</i> (Year) <i>1955</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Aug 10 1872</i>
9. AGE (In years last birthday) <i>83</i>		10. If under 1 Year: Months <i>1</i> Days <i>1</i> Hours <i>1</i> Min. <i>1</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farm</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>	
11. BIRTHPLACE (State or foreign country) <i>Michigan</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>James Taylor</i>		14. MOTHER'S MAIDEN NAME <i>Josephine Smith</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT'S SIGNATURE <i>Mrs. Maria Taylor</i>		ADDRESS <i>Rt 2 Vermontville</i>	
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) <i>Glomerulo Nephritis</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>Myocardial Degeneration</i> DUE TO (b) <i>10 yrs</i> 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)			
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 <i>July 10</i> , 19 <i>54</i> , to <i>April 1</i> , 19 <i>55</i> , that on <i>Mar 31</i> , 19 <i>55</i> , and that death occurred at <i>10:34 p.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>L. Donald Kellogg, D.O.</i>		23b. ADDRESS <i>Vermontville</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>April 5 1955</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Woodlawn</i>		24d. LOCATION (City, State) <i>Vermontville</i>	
DATE REC'D BY LOCAL REG. <i>Apr 5 1955</i>		REGISTRAR'S SIGNATURE <i>J.E. Mason</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Richard L. Stanley</i>		ADDRESS <i>616 Farmington</i>	

22. I used alive on *Mar 31* 19*55*
23a. SIG
24a. BURIAL REMOVAL *1955*
DATE REC'D BY LOCAL REG. *Apr 5 1955*
25. FUNERAL DIRECTOR'S SIGNATURE *Richard L. Stanley*
ADDRESS *616 Farmington*

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