

County Clerk -
12-16-55

CERTIFICATE OF DEATH

State File No.

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

BIRTH No.

Local File No.

9

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>Ingham</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Vermontville</u>	c. LENGTH OF STAY (in this place) <u>6 mo</u>	c. TOWNSHIP, CITY OR VILLAGE <u>Danvers</u>	d. Is Residence within limits of a city or incorporated village? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>274 Third St.</u>		e. STREET ADDRESS (If rural, give location) <u>So Capitol Ave.</u>	
3. NAME OF DECEASED a. (First) <u>Louise</u> b. (Middle) <u>Swarthout</u> c. (Last) _____		4. DATE OF DEATH (Month) <u>Aug</u> (Day) <u>8</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>Divorced</u>	8. DATE OF BIRTH <u>Aug 5, 1888</u>
9. AGE (In years last birthday) <u>67</u>		If under 1 Year: Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Clinton Co Mich</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Montee Swarthout</u>	
14. MOTHER'S MAIDEN NAME <u>Mary Hebe</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>371-10-3896</u>		17. INFORMANT'S SIGNATURE <u>Alberta Kelsey</u> ADDRESS <u>Antwerp, Ohio</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>Myocardial Degeneration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Anaemia Perusior</u> rise to the above cause (a) stating the underlying cause last. <u>Carcinoma of Liver</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 type="checkbox"/>		21a. ACCIDENT (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>7:10</u> , 19 <u>55</u> , to <u>Aug 8</u> , 19 <u>55</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE <u>L. Donald Kelsey D.O.</u> (Degree or title)		23b. ADDRESS <u>Vermontville Mich</u>	
23c. DATE SIGNED <u>8/8/55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>8-11-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverside</u>	
24d. LOCATION (City, village, twp., or county) <u>Clinton County, Mich.</u> (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard A. Sigler</u> ADDRESS <u>Old Federal Home, Vermontville</u>	
DATE REC'D BY LOCAL REG. <u>Aug 8-1955</u>		REGISTRAR'S SIGNATURE <u>T.E. Mancus</u>	

507