

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No.

Local File No. 1

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>17 yrs.</u>	c. TOWNSHIP, CITY OR VILLAGE (Name of) <u>Vermontville</u>	d. Is Residence within limits of a city or incorporated village? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at Home Robert St</u>		e. STREET ADDRESS (If rural, give location) <u>Walnut St</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDNA</u> b. (Middle) <u>Viola</u> c. (Last) <u>Brockway</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan - 24 - 1956</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>Apr. 8 - 1878</u>
9. AGE (In years last birthday) <u>77</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>at home</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Grand Lodge Mich</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>John Morrison</u>		14. MOTHER'S MAIDEN NAME <u>Fredricka Brockway</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>375-26-7630</u>	
17. INFORMANT'S SIGNATURE <u>Emory Henry Boiser Lansing Mich.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary Embolism</u> *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardia Degeneration</u> <u>2 yrs</u>	
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. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>May</u> , 19 <u>45</u> , to <u>Jan 23</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Jan 23</u> , 19 <u>56</u> , and that death occurred at <u>7 A.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. Donald Holby D.C.</u>		23b. ADDRESS <u>Vermontville Mich</u>	
23c. DATE SIGNED <u>Jan 23 1956</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>1-27-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Deerpark</u>	
24d. LOCATION (City, village, twp., or county) (State) <u>Eaton Co. Mich</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Fisher</u>	
DATE REC'D BY LOCAL REG. <u>Jan - 25 - 56</u>		REGISTRAR'S SIGNATURE <u>L.E. Mason</u>	

TYPE OR PRINT (EXCEPT WHERE SHOWN OTHERWISE) IN BLACK INK—THIS IS A PERMANENT RECORD

(mission).

in limits of
ated village?
No ☐

(Year)

f under 24 Hrs.
Hours Min.

AT COUNTRY?

ADDRESS

Interval Between
Onset and Death

20. AUTOPSY?

Yes ☐ No ☒

(STATE)

last saw the deceased alive

DATE SIGNED

(or county) (State)

ADDRESS

510