

# CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH  
Vital Records Section

BIRTH No.

Local File No. 3

<b>1. PLACE OF DEATH</b> a. COUNTY <u>East</u> b. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE <u>Vermontville</u> c. LENGTH OF STAY (in this place) <u>1 Day</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>237 W Main St</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Mich</u> b. COUNTY <u>Calhoun</u> c. TOWNSHIP, CITY OR VILLAGE (Name of) <u>BATTLE CREEK</u> d. Is Residence within limits of a city or incorporated village? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>164 North Ave</u>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>J</u> c. (Last) <u>FERRIS</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>July 15 1956</u>		<b>5. SEX</b> <u>Male</u>			
<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>MARRIED</u>		<b>8. DATE OF BIRTH</b> <u>Dec 22, 1894</u>			
<b>9. AGE</b> (In years last birthday) <u>61</u> If under 1 Year: Months <u>6</u> Days <u>1</u> Hours <u>15</u> Min.		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>GARDNER</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Industrial Plant</u>			
<b>11. BIRTHPLACE</b> (State or foreign country) <u>Michigan</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>		<b>13. FATHER'S NAME</b> <u>WILLIAM</u>			
<b>14. MOTHER'S MAIDEN NAME</b> <u>LURA KELLY</u>		<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>377-22-5592</u>			
<b>17. INFORMANT'S SIGNATURE</b> <u>Donis Ferris</u>		<b>18. ADDRESS</b> <u>164 North Ave Battle Creek Mich</u>		<b>19. MEDICAL CERTIFICATION</b> I, DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED</b> While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from</b> <u>July 15</u> , 19 <u>56</u> , to <u>July 15</u> , 19 <u>56</u> , and that death occurred at <u>2 P.</u> m., from the causes and on the date stated above.							
<b>23a. SIGNATURE</b> (Degree or title) <u>Leslie P. Peters Coroner</u>		<b>23b. ADDRESS</b> <u>Grand Lodge Mich</u>		<b>23c. DATE SIGNED</b> <u>July 15-1956</u>			
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>24b. DATE</b> <u>July 21-1956</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Woodlawn</u>			
<b>24d. LOCATION</b> (City, village, twp., or county) (State) <u>East Mich</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>John F. Fisher</u>		<b>25. ADDRESS</b> <u>264 N Main St Vermontville Mich</u>			
<b>DATE REC'D BY LOCAL REG.</b> <u>July 19-1956</u> <b>REGISTRAR'S SIGNATURE</b> <u>L. E. Marcum</u>							

512