

# CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH  
Vital Records Section

State File No. 3

BIRTH No. \_\_\_\_\_

Local File No. 3

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Caton</u> b. CITY 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 West Main Street</u>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <u>Michigan</u> b. COUNTY <u>Calhoun</u> c. TOWNSHIP, CITY OR VILLAGE <u>Battle Creek</u> d. Is Residence within limits of a city or incorporated village? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS <u>164 North Ave.</u> (If rural, give location)		
<b>3. NAME OF DECEASED</b> a. (First) <u>Leo</u> b. (Middle) <u>I</u> c. (Last) <u>FERRIS</u> (Type or Print)		<b>4. DATE OF DEATH</b> (Month) <u>July</u> (Day) <u>15</u> (Year) <u>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</b> (Specify) <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 _____ Days _____ If under 24 Hrs.: Hours _____ 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. NAME OF HUSBAND OR WIFE OF DECEASED</b> <u>DORIS WOOD FERRIS</u>			
<b>16. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		<b>17. SOCIAL SECURITY NO.</b> <u>377-22-5392</u>		<b>18. INFORMANT'S NAME</b> <u>DORIS FERRIS</u> ADDRESS <u>164 N. AVE., BATTLE CREEK, MICH.</u>	
MEDICAL CERTIFICATION					
<b>19. CAUSE OF DEATH</b> 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.		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>CORONARY Occlusion</u> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____			
<b>19d. DATE OF OPERATION</b>		<b>19e. MAJOR FINDINGS OF OPERATION</b>			
<b>20. AUTOPSY?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<b>21. HOW DID INJURY OCCUR?</b>			
<b>21a. ACCIDENT</b> (Specify) SUICIDE HOMICIDE		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, VILLAGE, OR TOWNSHIP)</b> (COUNTY) (STATE)	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.) While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		<b>21e. INJURY OCCURRED</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>July 15</u> , 19 <u>56</u> , and that death occurred at <u>2 P. m.</u> , from the causes and on the date stated above.					
<b>23a. SIGNATURE</b> (Degree or title) <u>Leslie R. 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</b> (Specify) <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, town, or county) (State) <u>Caton County Mich.</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Paul Fisher</u> ADDRESS <u>264 So. Main St., Vermontville, Mich.</u> (Also Funeral Home)			
<b>DATE REC'D BY LOCAL REG.</b> <u>July 19 - 1956</u>		<b>REGISTRAR'S SIGNATURE</b> <u>J. C. Marcus</u>			

MARGIN RESERVED FOR BINDING

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

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