

CERTIFICATE OF DEATH

State File No. 3

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

BIRTH No. _____

Local File No. 3

MARGIN RESERVED FOR BINDING

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

1. PLACE OF DEATH a. COUNTY <i>Caton</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) STATE <i>Michigan</i> b. COUNTY <i>Calhoun</i>		
b. CITY OR VILLAGE <i>Vermontville</i>		c. LENGTH OF STAY (In this place) <i>1 Day</i>	c. TOWNSHIP, CITY OR VILLAGE <i>Battle Creek</i>		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 <i>237 West Main Street</i>			e. STREET ADDRESS <i>164 North Ave</i>		
3. NAME OF DECEASED (Type or Print) <i>LHO</i>		a. (First) <i>L</i>	b. (Middle) <i>J</i>	c. (Last) <i>FERRIS</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>July 15 1956</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>Dec. 22, 1894</i>	9. AGE (In years last birthday) <i>61</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>GARDNER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Industrial Plant</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>WILLIAM</i>		14. MOTHER'S MAIDEN NAME <i>LURA KELLY</i>	
15. NAME OF HUSBAND OR WIFE OF DECEASED <i>DORIS WOOD FERRIS</i>		16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		17. SOCIAL SECURITY NO. <i>377-22-5392</i>	
18. INFORMANT'S NAME <i>DORIS FERRIS</i>		18. ADDRESS <i>164 N. AVE. BATTLE CREEK, MICH.</i>		Interval Between Onset and Death <i>SUDDEN</i>	
19. 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, asthenia, etc. It means the disease, injury or complication which caused death.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <i>CORONARY Occlusion</i> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
19d. DATE OF OPERATION			19e. 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 (Month) (Day) (Year) (Hour) OF INJURY		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <i>July 15</i> , 19 <i>56</i> , and that death occurred at <i>2 P. m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Leslie R. Peters, Coroner</i>		23b. ADDRESS <i>Grand Lodge Mich.</i>		23c. DATE SIGNED <i>July 15 - 1956</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>July 21 - 1956</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Woodlawn</i>	
24d. LOCATION (City, village, town, or county) (State) <i>Caton County Mich.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Paul Fisher</i>		25. ADDRESS <i>264 So. Main St. Vermontville, Mich.</i>	
DATE REC'D BY LOCAL REG. <i>July 19 - 1956</i>		REGISTRAR'S SIGNATURE <i>J. C. Marcus</i>		ADDRESS <i>Calto Funeral Home</i>	

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