

Congress

CERTIFICATE OF DEATH

State File No.

BIRTH No.

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

Local File No. *2*

1. PLACE OF DEATH a. COUNTY <i>Caton</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mich</i> b. COUNTY <i>Caton</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Vermontville</i>		c. TOWNSHIP, CITY OR VILLAGE (Name of) <i>Vermontville</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>197 Fifth St</i>		e. STREET ADDRESS (If rural, give location) <i>197 Fifth St</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>NAOMI</i> b. (Middle) <i>C</i> c. (Last) <i>ANDREWS</i>		4. DATE OF DEATH (Month) <i>March</i> (Day) <i>23</i> (Year) <i>1957</i>	
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never Married</i>	8. DATE OF BIRTH <i>Feb 7, 1867</i>
9. AGE (In years last birthday) <i>90</i>		10. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) <i>Practical Nurse</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Self</i>	
11. BIRTHPLACE (State or foreign country) <i>Caton Co Mich</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Harvey Andrews</i>		14. MOTHER'S MAIDEN NAME <i>Charlotte Canfield</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE <i>Paul Fisher</i>		ADDRESS <i>Vermontville Mich</i>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <i>Intestinal Obstruction</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) <i>Bengin's Tumors</i> 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Interval Between Onset and Death <i>36 hrs</i> <i>3 yrs</i>	
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) (Minute) 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 <i>July</i> , 19 <i>34</i> , to <i>Mar</i> , 19 <i>57</i> , that I last saw the deceased alive on <i>March 23</i> , 19 <i>57</i> , and that death occurred at <i>m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>L. Donald Kelley</i>		23b. ADDRESS <i>Vermontville Mich</i>	
23c. DATE SIGNED <i>3-25-57</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24b. DATE <i>3-26-57</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Freemore</i>	
24d. LOCATION (City, village, twp., or county) (State) <i>Caton Co Mich</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Paul Fisher</i>	
DATE REC'D BY LOCAL REG. <i>March 26 1957</i>		REGISTRAR'S SIGNATURE <i>J.E. Mason</i>	

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