

CERTIFICATE OF DEATH

State File No.

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

BIRTH No.

Local File No. 2

1. PLACE OF DEATH a. COUNTY <u>Caton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Michigan</u> b. COUNTY <u>Macquinn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Vermontville</u>	c. LENGTH OF STAY (in this place)	c. TOWNSHIP, CITY OR VILLAGE <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		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lewis</u> b. (Middle) <u>Donald</u> c. (Last) <u>Kelsey</u>		4. DATE OF DEATH (Month) <u>September</u> (Day) <u>30</u> (Year) <u>1958</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 6-1899</u>
9. AGE (In years last birthday) <u>59</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Doctor</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Wiles Macquinn U.S.A.</u>	
13. FATHER'S NAME <u>Metron Kelsey</u>		14. MOTHER'S MAIDEN NAME <u>Ethel Hatfield</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year for dates of service) <u>yes World War I</u>		16. SOCIAL SECURITY NO. <u>374-40-2059</u>	
17. INFORMANT'S SIGNATURE <u>Hedred Kelsey</u>		ADDRESS <u>Vermontville Mich</u>	

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) <u>Albidity & Infection</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) <u>Generalized Metastatic Cancer</u> DUE TO (c) <u>Adeno Carcinoma of Descending Colon</u> 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 <u>5 weeks</u>	

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. 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 June, 1922, to Sept 30, 1958, that I last saw the deceased alive on Sept 30, 1958, and that death occurred at Sept 30, 1958, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert C. Short DO.</u>		23b. ADDRESS <u>701 Townsend St. Lansing</u>		23c. DATE SIGNED <u>Sept 30, 1958</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 2/1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>	
24d. LOCATION (City, village, twp., or county) (State) <u>Vermontville Mich</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paula Teshe, Vogt Funeral Home</u>		ADDRESS <u>Vermontville Mich</u>	
DATE REC'D BY LOCAL REG. <u>10/1/58</u>		REGISTRAR'S SIGNATURE <u>Leta Nagle</u>			

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