

# CERTIFICATE OF DEATH

State File No. 1

BIRTH No.

MICHIGAN DEPARTMENT OF HEALTH  
Vital Records Section

Local File No. 1

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Eaton</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived, if institution: residence before admission.) a. STATE <b>Mich.</b> b. COUNTY <b>Eaton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Vermontville</b>		c. TOWNSHIP, CITY OR VILLAGE (Name of) <b>Vermontville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>174 E. First St.</b>		e. STREET ADDRESS (If rural, give location) <b>174 E. First St.</b>	
<b>3. NAME OF DECEASED</b> a. (First) <b>Elmer</b> b. (Middle) <b>Barton</b> c. (Last) <b>Morris</b>		<b>4. DATE OF DEATH</b> (Month) <b>Jan.</b> (Day) <b>6</b> (Year) <b>1958</b>	
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>June 30, 1887</b>
<b>9. AGE</b> (In years last birthday) <b>70</b>		If under 1 year: Months <b>6</b> Days <b>12</b> If under 1 year: Hours <b>12</b> Min. <b>50</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Retired</b>	
<b>11. BIRTHPLACE</b> (State or foreign country) <b>Shepardsville, Mich.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	
<b>13. FATHER'S NAME</b> <b>Frank Morris</b>		<b>14. MOTHER'S MAIDEN NAME</b> <b>Playville, Unknown</b>	
<b>15. NAME OF HUSBAND OR WIFE OF DECEASED</b> <b>Laura Morris</b>		<b>16. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
<b>17. SOCIAL SECURITY NO.</b> <b>382-10-7260</b>		<b>18. INFORMANT'S NAME</b> <b>Yes, John Sheldon, Lansing, Mich.</b>	
<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*(a)</b> <b>Asthmatic heart</b>  <b>ANTECEDENT CAUSES</b> <b>Advanced arterio Sclerosis</b>  Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Bilateral Inguinal hernia</b>	
<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>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) <b>Jan.</b> (Year) <b>1958</b> (Hour) <b>4:00</b> (m.)		<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. Thereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, _____, from the causes and on the date stated above.</b>	
<b>23a. SIGNATURE</b> (Degree or title) <b>M.D. Burkhead, Eaton Co. Coroner</b>		<b>23b. ADDRESS</b> <b>Charlotte</b>	
<b>23c. DATE SIGNED</b> <b>1-6-1958</b>		<b>24a. BURIAL, CREMATION, REMOVAL</b> <b>Burial</b>	
<b>24b. DATE</b> <b>Jan. 8, 1958</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Deerpale</b>	
<b>24d. LOCATION</b> (City, village, twp., or county) (State) <b>Eaton Co. Mich.</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Paul Fisher</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>Jan 7-1958</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Kate Hogle</b>	

MARGIN RESERVED FOR BINDING

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

B-36

4518