

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No.

Local File No. 1

BIRTH No.

1. PLACE OF DEATH a. COUNTY EATON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MICHIGAN		b. COUNTY EATON	
b. CITY (If outside corporate limits, write RURAL and give township) VERMONTVILLE		c. LENGTH OF STAY (in this place) LIFE		c. TOWNSHIP, CITY OR VILLAGE (Name of) VERMONTVILLE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 313 E. MAIN ST.		e. STREET ADDRESS (If rural, give location) 313 E. MAIN ST.			
3. NAME OF DECEASED (Type or Print) a. (First) LAURA		b. (Middle) EMILY		c. (Last) BOYD	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER/MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH Feb. 22 - 1876		9. AGE (In years last birthday) 83		10. If under 1 Year Months Days Hours Min	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE		11. BIRTHPLACE (State or foreign country) MICHIGAN	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME LEWIS ANDREWS		14. MOTHER'S MAIDEN NAME - KING	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE CLIFFORD BOYD - LEWIS M.	
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) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 4 days II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. OK. Bul. Field			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Eaton Co. coroner		20. AUTOPSY? Yes <input type="checkbox"/> No <input 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 OF INJURY (Month) (Day) (Year) (Hour) m.		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 Oct 29, 1959, to Oct 31, 1959, that I last saw the deceased on Oct 29, 1959, and that death occurred at m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) L. G. Severer M.D.		23b. ADDRESS Charlottesville Michigan		23c. DATE SIGNED 11-1-59	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 3 - 1959		24c. NAME OF CEMETERY OR CREMATORY Wood/4th W Cemetery	
24d. LOCATION (City, village, twp., or county) Vermontville Mich		25. FUNERAL DIRECTOR'S SIGNATURE George H. Vogt - Marshall Mich			
DATE REC'D BY LOCAL REG. 11-4-1959		REGISTRAR'S SIGNATURE Leta Nagle		ADDRESS	