

new copy
Reported to
C. Currier
11-4-59

CERTIFICATE OF DEATH

State File No.

MICHIGAN DEPARTMENT OF HEALTH
 Vital Records Section

Local File No. 1

BIRTH No.

1. PLACE OF DEATH a. COUNTY <i>EATON</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>MICHIGAN</i> b. COUNTY <i>EATON</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE <i>VERMONTVILLE</i>		c. TOWNSHIP, CITY OR VILLAGE <i>VERMONTVILLE</i>	
c. LENGTH OF STAY (in this place) <i>LIFE</i>		d. Is Residence within limits a city or incorporated village Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>313 E. MAIN ST.</i>		e. STREET ADDRESS (If rural, give location) <i>313 E. MAIN ST.</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Laura</i> b. (Middle) <i>Emily</i> c. (Last) <i>Boyd</i>		4. DATE OF DEATH <i>October 31, 1959</i>	
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>	8. DATE OF BIRTH <i>Feb. 22 - 1876</i>
9. AGE (In years last birthday) <i>83</i>		If under 1 Year Months <i>8</i> Days <i>9</i> Hours <i>9</i> Min	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSEWIFE</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>HOUSEWIFE</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>LEWIS ANDREWS</i>		14. MOTHER'S MAIDEN NAME <i>- KING</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. <i>NONE</i>	
17. INFORMANT'S SIGNATURE <i>CLIFFORD BOYD - LANSING MI</i>		ADDRESS	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <i>Cerebral Hemorrhage</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) <i>OK.</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Bul Field</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Eaton Co. coroner</i>	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>		Interv. Between Onset and Death <i>some days</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)	
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>Oct 29</i> , 19 <i>59</i> , to <i>Oct 31</i> , 19 <i>59</i> , that I last saw the deceased on <i>Oct 29</i> , 19 <i>59</i> , and that death occurred at <i>m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>L. G. Severer M.D.</i>		23b. ADDRESS <i>Charlottesville Michigan</i>	
23c. DATE SIGNED <i>11-1-59</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24b. DATE <i>Nov. 3 - 1959</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Wood Lawn Cemetery Vermontville Mich.</i>	
24d. LOCATION (City, village, twp., or county) (State) <i>Michigan</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>George H. Vogt - Marshall Mich.</i>	
DATE REC'D BY LOCAL REG. <i>11-4-1959</i>		REGISTRAR'S SIGNATURE <i>Kate Nagle</i>	