

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

BIRTH No.

Local File No. 1

1. PLACE OF DEATH a. COUNTY <u>Caton County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Michigan</u> b. COUNTY <u>Caton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Vermontville</u> OR VILLAGE	c. LENGTH OF STAY (in this place) <u>15 yrs</u>	c. TOWNSHIP (Name of) <u>Vermontville</u> CITY OR VILLAGE	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>481 W Third Street</u>		e. STREET ADDRESS (If rural, give location) <u>481 W. Third Street</u>	
3. NAME OF DECEASED a. (First) <u>George</u> b. (Middle) <u>Betts</u> c. (Last) <u>Betts</u>		4. DATE OF DEATH (Month) <u>February</u> (Day) <u>26</u> (Year) <u>1962</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>March 20 1871</u>
9. AGE (In years last birthday) <u>90</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Threshing Machine Man</u>	
11. BIRTHPLACE (State or foreign country) <u>Charlestown, Michigan</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>Joseph Betts</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE <u>Josephine Betts</u>		18. ADDRESS <u>481 W. Third Street</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>Myocardial failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ 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 <u>None</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	
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 <u>3-10-1959</u> , to <u>2-26-1962</u> , that I last saw the deceased alive on <u>2-24-1962</u> , and that death occurred at <u>3:30 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>C.D. Willett M.D.</u>		23b. ADDRESS <u>Charlestown, Michigan</u>	
23c. DATE SIGNED <u>2-26-1962</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Mar 1-1962</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grubbs Cemetery</u>	
24d. LOCATION (City, village, twp., or county) (State) <u>Caton County Michigan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Joseph E. Pray</u>	
DATE REC'D BY LOCAL REG. <u>2-28-1962</u>		REGISTRAR'S SIGNATURE <u>Leta Nagle</u>	
ADDRESS		ADDRESS <u>Charlestown, Mich.</u>	

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