

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No.

BIRTH No.

Local File No.

1. PLACE OF DEATH a. COUNTY <u>Ingham County, Lansing</u> b. CITY OR VILLAGE <u>Rural</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Eaton County, Michigan</u> b. COUNTY c. TOWNSHIP, CITY OR VILLAGE (Name of) <u>Vermontville, Twp.</u> d. Is Residence within limits of a city or incorporated village? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED a. (First) <u>Milton</u> b. (Middle) <u>Sprague</u> c. (Last) (Type or Print)		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>31</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 9. AGE (In years last birthday) <u>75</u> If under 1 year: Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u>	
13. FATHER'S NAME <u>Ernest Sprague</u>		14. MOTHER'S MAIDEN NAME <u>Mrs. Grace Sprague</u>		15. NAME OF HUSBAND OR WIFE OF DECEASED <u>Mrs. Grace Sprague</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		17. SOCIAL SECURITY NO. <u> </u>		18. INFORMANT'S NAME ADDRESS <u> </u>	
19. 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) <u>Cerebro vascular accident</u> <u>Cerebro</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) <u> </u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19d. DATE OF OPERATION <u> </u>		19e. MAJOR FINDINGS OF OPERATION <u> </u>		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>SUICIDE</u> <u>HOMICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>		21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE) <u> </u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) <u> </u>		21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u> </u>	
22. I hereby certify that I attended the deceased from <u>5-31</u> , 19 <u>62</u> , to <u> </u> , 19 <u> </u> , that I last saw the deceased alive on <u> </u> , 19 <u>62</u> , and that death occurred at <u> </u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u> </u>		23b. ADDRESS <u> </u>		23c. DATE SIGNED <u> </u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-2-1962</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodbury Cemetery</u>	
24d. LOCATION (City, village, twp., or county) (State) <u>Vermontville, Mich</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u> </u> ADDRESS <u> </u>			
DATE REC'D BY LOCAL REG. <u>6-2-1962</u>		REGISTRAR'S SIGNATURE <u> </u>		25. FUNERAL DIRECTOR'S SIGNATURE <u> </u> ADDRESS <u> </u>	

MARGIN RESERVED FOR BINDING

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

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