

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>Eaton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Vermontville Twp.</u> b. COUNTY <u>Eaton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE <u>Rural- Vermontville</u>		c. LENGTH OF STAY (in this place)		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"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>R.R.#2, Brown Rd. Vermontville</u>				e. STREET ADDRESS (If rural, give location) <u>Brown Road</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Willman</u> b. (Middle) <u>Mossman</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>October 27 1962</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH	9. AGE (In years last birthday) <u>73</u>	If under 1 year Months Days	If under 24 Hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farm Hand</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		15. NAME OF HUSBAND OR WIFE OF DECEASED			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) <u>Yes</u> (If yes, give war or dates of service)		17. SOCIAL SECURITY NO.		18. INFORMANT'S NAME ADDRESS			
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, asphyxia, etc. It means the disease, injury or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Heart Attack</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)				Interval Between Onset and Death	
19d. DATE OF OPERATION		19e. MAJOR FINDINGS OF OPERATION				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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title)		23b. ADDRESS			23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, village, twp., or county) (State)	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

MARGIN RESERVED FOR BINDING

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

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