

CERTIFICATE OF DEATH

State File No.

BIRTH No.

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

Local File No. 1

1. PLACE OF DEATH a. COUNTY <u>Eaton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE _____ b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE <u>Vermontville</u>		c. LENGTH OF STAY (in this place) <u>5 yrs.</u>		c. TOWNSHIP, CITY OR VILLAGE (Name of) <u>Vermontville</u>		d. Is Residence a city or incorporated village? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>186 E. First Street</u>				e. STREET ADDRESS (If rural, give location) <u>186 E. First St.</u>			
3. NAME OF DECEASED (Type or Print) <u>May Hettie Thrum</u>		a. (First) _____ b. (Middle) _____ c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>March 14</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 17 - 1878</u>		9. AGE (In years last birthday) (If under 1 Year) <u>84</u> Months <u>10</u> Days <u>7</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (State or foreign country) <u>Freemont Ohio</u>		12. CITIZEN OF <u>U. S. A.</u>	
13. FATHER'S NAME <u>Charles Martin</u>				14. MOTHER'S MAIDEN NAME <u>Unknown</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE <u>Lawrence Thrum Vermont</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Coronary Occlusion</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		19b. MAJOR FINDINGS OF OPERATION				20.	
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)			
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>Jan 1963</u> , to <u>March 14, 1963</u> , that I last saw on <u>3-14</u> , 19 <u>63</u> , and that death occurred at <u>8:55 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Thomas W. Myers M.D.</u>				23b. ADDRESS <u>Nashville Mich</u>		23c. DATE SIGNED <u>3-16</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 18, 1963</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>		24d. LOCATION (City, village, twp., or county) <u>Vermontville</u>	
DATE REC'D BY LOCAL REG. <u>3-18-1963</u>		REGISTRAR'S SIGNATURE <u>Leta Nagle, Clerk</u>		25. FUNERAL DIRECTOR'S SIGNATURE (ADD) <u>Geo. H. Vogt, Nashville Mich</u>			

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