

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No.

2

BIRTH No.

Local File No.

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| 1. PLACE OF DEATH a. COUNTY <i>Caton</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Vermontville Mich.</i> b. COUNTY <i>Isborton</i> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <i>132 E. 1st Vermontville</i> | c. LENGTH OF STAY (in this place) <i>20 yrs</i> | c. TOWNSHIP, CITY OR VILLAGE (Name of) <i>Vermontville</i> | d. Is Residence within limits of a city or incorporated village? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>132 E. First Street</i> | | e. STREET ADDRESS (If rural, give location) <i>132 E. First Street</i> | |
| 3. NAME OF DECEASED (Type or Print) <i>Vivian Russell</i> | | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) <i>6 - 6 - 1962</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 |
| 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> | 9. AGE (In years last birthday) If under 1 Year If under 24 Hrs. Months Days Hours Min. |
| 11. BIRTHPLACE (State or foreign country) | | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> | |
| 13. FATHER'S NAME <i>Willard McCrimmon</i> | | 14. MOTHER'S MAIDEN NAME <i>Mittie Bowler</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>Mr. Floyd Barker, Grand Ledge Mich.</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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) ANTECEDENT CAUSES Morbidity 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. | | MEDICAL CERTIFICATION Interval Between Onset and Death | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" 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 <i>4:30 P</i> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <i>Leslie Petow Coroner</i> | | 23b. ADDRESS <i>Grand Ledge</i> | |
| 23c. DATE SIGNED <i>June 6 - 1962</i> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | 24b. DATE <i>6-9-1962</i> | 24c. NAME OF CEMETERY OR CREMATORY <i>Woodlawn Cemetery</i> | 24d. LOCATION (City, village, twp., or county) (State) <i>Vermontville</i> |
| DATE REC'D BY LOCAL REG. <i>6/9/1962</i> | | REGISTRAR'S SIGNATURE <i>Leto Nagle</i> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <i>Geo. Vogh. Nashville</i> | | ADDRESS | |

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

MARGIN RESERVED FOR BINDING

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