Recorded 6/3/1963

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No.

I No.

Local File No. 1

OF DEATH
ITY Eaton

(If outside corporate limits, write RURAL and give township)

c. LENGTH OF STAY (in this place) 40 yrs.

AGE Vermontville

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Michigan   b. COUNTY Eaton

c. TOWNSHIP (Name of)
CITY OR VILLAGE Village

d. Is Residence within limits of a city or incorporated village? Yes ☐ No ☐

NAME OF (If not in hospital or institution, give street address or location)
PITAL OR ITUTION 145 West Main Street

e. STREET ADDRESS 145 West Main (If rural, give location)

OF
SED a. (First) Augusta   b. (Middle) M.   c. (Last) King
(e or Print)

4. DATE OF DEATH (Month) April 21 (Day) (Year) 1963

6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 24-1879
9. AGE (In years last birthday) 83 | If under 1 Year Months | Days | If under 24 Hrs. Hours | Min.

L OCCUPATION (Give kind of work g most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Same
11. BIRTHPLACE (State or foreign country) Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.

ER'S NAME Fredrick Sprague
14. MOTHER'S MAIDEN NAME Caroline Sackett

DECEASED EVER IN U.S. ARMED FORCES? (or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE George E. King, 145. W. Main   ADDRESS

MEDICAL CERTIFICATION

		Interval Between Onset and Death
SE OF DEATH nly one cause per (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Arteriosclerotic Heart Disease	
does not mean the dying, such as heart asthenia, etc. It the disease, injury, ication which caused	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis	years
	DUE TO (c)	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

ATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

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)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED While at Work ☐ Not While at Work ☐
21f. HOW DID INJURY OCCUR?

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 App 6:00 P.m. from the causes and on the date stated above.

SIGNATURE N.W. Burkhead
(Degree or title) Coroner
23b. ADDRESS Charlotte Michigan
23c. DATE SIGNED Apr 22, 1963

BURIAL, CREMATION, MOVAL (Specify) Burial
24b. DATE April 24-1963
24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
24d. LOCATION (City, village, twp. or county) Vermontville (State) Mich.

TE REC'D BY LOCAL REG. 1-1963
REGISTRAR'S SIGNATURE Peter Nagle
25. FUNERAL DIRECTOR'S SIGNATURE George H Vogt. ADDRESS Nashville Mich.

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