CERTIFICATE OF DEATH

State File No.

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

BIRTH No.

Local File No.

1. PLACE OF DEATH
a. COUNTY: Eaton Grand Rapids
b. CITY OR VILLAGE (If outside corporate limits, write RURAL and give township): Kent Co.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Michigan
b. COUNTY: Eaton
c. TOWNSHIP, CITY OR VILLAGE (Name of):
d. Is Residence within limits of a city or incorporated village? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Harold b. (Middle) Marion c. (Last) Russell

4. DATE OF DEATH: (Month) April (Day) 24 (Year) 1963

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH:

9. AGE (In years last birthday): 47
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):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME: Viola

15. NAME OF HUSBAND OR WIFE OF DECEASED:

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (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, asthenia, etc. It means the disease, injury or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Adenocarcinoma of Rectum

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.

Interval Between Onset and Death

19d. DATE OF OPERATION:

19e. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

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 ☐ Not While at Work ☐

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:

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

MARGIN RESERVED FOR BINDING

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