

County of Eaton

Department of State—Division of Vital Statistics

Township of

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or
Village of Vermontville
or

City of (No. St.; Ward)

Registered No. 1

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Clifford V. Finley

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR <u>white</u>		
DATE OF BIRTH	(Month) <u>Mar</u>	(Day) <u>20</u>	(Year) <u>1908</u>

AGE
 _____ YEARS, _____ MONTHS, 1 DAYS

SINGLE, MARRIED,
WIDOWED, OR DIVORCED

AGE AT MARRIAGE, NUMBER OF CHILD-REN { If married, age at (first) marriage years
 Parent of children, of whom are living

BIRTHPLACE
(State or country) MichiganNAME OF FATHER DR FinleyBIRTHPLACE OF FATHER
(State or country) MichiganMAIDEN NAME OF MOTHER Lelara MagrumBIRTHPLACE OF MOTHER
(State or country) Michigan

OCCUPATION

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month) <u>Mar</u>	(Day) <u>21</u>	(Year) <u>1908</u>
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I HEREBY CERTIFY, That I attended deceased from Mar 20 1908, to Mar 21 1908, that I saw h im alive on Mar 20 1908, and that death occurred, on the date stated above, at 3 A. M.

The CAUSE OF DEATH was as follows:

Premature Birth

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) J O McEachern M.D.
Mar 21 1908 (Address) Vermontville

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence How long at place of death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL <u>Woodlawn Cemetery</u>	DATE OF BURIAL <u>Mar 21 1908</u>
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UNDERTAKER <u>Buried by Family</u>	ADDRESS
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Filed Mar 21 1908 A TRUE COPY DR Finley

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING.

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