

County of Eaton

Department of State—Division of Vital Statistics

Township of

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

or
Village of VermontvilleRegistered No. 1or
City of

(No., St.; Ward)

[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 Male COLOR WhiteDATE OF BIRTH (Month) (Day) (Year)
Mar 20 1908AGE
..... YEARS, MONTHS, 1 DAYSSINGLE, MARRIED,
WIDOWED, OR DIVORCEDAGE AT MARRIAGE, NUMBER OF CHILDREN
If married, age at (first) marriage..... years
Parent of..... children, of whom are livingBIRTHPLACE (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) (Day) (Year)
Mar 21 1908I HEREBY CERTIFY, That I attended deceased from Mar 20 1908, to Mar 21 1908, that I saw him 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:

Pneumonia BIRTH

Contributory

(Signed) J. O. McEasham 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 Woodlawn Cemetery DATE OF BURIAL Mar 21 1908UNDERTAKER Buried by Family ADDRESSFiled Mar 21 1908 A TRUE COPY DR Finley

Registrar

MARGIN RESERVED FOR BINDING.

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Form 93—11-05-500 bks., 100 pages.
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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.