

County of Eaton

Department of State—Division of Vital Statistics

Township of \_\_\_\_\_  
or  
Village of Vermontville  
or

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registered No. 5

[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 John Vile

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR white  
DATE OF BIRTH (Month) (Day) (Year)  
Oct 2 1832

AGE  
75 YEARS 8 MONTHS 8 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED  
Married

AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage 25 years  
Parent of 2 children, of whom 1 are living

BIRTHPLACE (State or country)  
New York

NAME OF FATHER  
Lehas Vile

BIRTHPLACE OF FATHER (State or country)  
Holland

MAIDEN NAME OF MOTHER  
Putnam

BIRTHPLACE OF MOTHER (State or country)  
New York

OCCUPATION  
Retired Farmer

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

(Informant) John Vile  
(Address) Vermontville

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)  
June 3 1908

I HEREBY CERTIFY, That I attended deceased from Feb 13 1908, to June 3 1908, that I saw him alive on June 2 1908, and that death occurred, on the date stated above, at 7 a. M.  
The CAUSE OF DEATH was as follows:

Apoplexy

Contributory Gangrene of foot

(Signed) J. D. McEachran M. D.  
June 5 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 Freemire Cemetery DATE OF BURIAL June 5 1908

UNDERTAKER E. E. Hammond ADDRESS Vermontville

Filed June 5 1908 A TRUE COPY DR F. Inley  
Registrar

MARGIN RESERVED FOR BINDING.

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