PLACE OF DEATH

County of Eaton

Township of .....
or
Village of Vermontville
or
City of ..... (No. ....., St.; ..... Ward)

# STATE OF MICHIGAN

Department of State—Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 8

[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 Michael J Cunningham

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: (Month) Dec (Day) 23 (Year) 1912

AGE: 73 YEARS, 10 MONTHS, 19 DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage ..... years; Parent of ..... children, of whom ..... are living

BIRTHPLACE (State or country): Ohio

NAME OF FATHER: James Cuningham

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margaret Longsmith

BIRTHPLACE OF MOTHER (State or country): Penna

OCCUPATION: Retired Merchand

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

(Informant) Mrs M J Cuningham

(Address) Vermontville

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Nov (Day) 11 (Year) 1962

I HEREBY CERTIFY, That I attended deceased from Feb 1961, to Nov 11, 1962, that I saw h[illegible] alive on Nov 9, 1962, and that death occurred, on the date stated above, at 6 a M.

The CAUSE OF DEATH was as follows:

Paralysis of walls of
distinction of heart

..... (DURATION) ..... DAYS

Contributory Fatty degeneration of heart

..... (DURATION) ..... DAYS

(Signed) C J Snell M. D.

Nov 12 1962 (Address) Vermontville Mich

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 Cem

DATE OF BURIAL: Nov 13 1962

UNDERTAKER: R D Hammond

ADDRESS: Vermontville

Filed Nov 13 1962

A TRUE COPY

E C Stallenberg

Registrar

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

MARGIN RESERVED FOR BINDING.

Form 93—11-05-500 bks., 100 pages.

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