

MARGIN RESERVED FOR BINDING

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

I PLACE OF DEATH				MICHIGAN DEPARTMENT OF HEALTH			
County <u>Calhoun</u>				Division of Vital Statistics			
Township <u>Vernonville</u>				TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER			
Village <u>"</u>				Registered No. <u>1</u>			
City <u>"</u>				(No. <u>"</u> St. <u>"</u> Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)			
2 FULL NAME <u>Dianna Angell</u>							
(a) Residence No. <u>"</u>				St., Ward. <u>"</u>			
(Usual place of abode)				(If non-resident give city or town and state)			
Length of residence in city or town where death occurred				How long in U. S., if of foreign birth?			
yrs. mos. ds.				yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS							
3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (Write the word)					
<u>Female</u>	<u>White</u>	<u>Widowed</u>					
5a If married, widowed or divorced HUSBAND of (or) WIFE of							
6 DATE OF BIRTH (Month, day and year) <u>Oct 16 / 18 42</u>							
7 AGE	Years	Months	Days	If LESS than 1 day hrs. OR min.			
<u>83</u>	<u>3</u>	<u>4</u>	<u>4</u>				
8 OCCUPATION OF DECEASED							
(a) Trade, profession, or particular kind of work <u>housewife</u>							
(b) General nature of industry, business, or establishment in which employed (or employer)							
(c) Name of employer.							
9 BIRTHPLACE (city or town) (state or country) <u>unknown</u>							
10 NAME OF FATHER <u>Annias Beckley</u>							
11 BIRTHPLACE OF FATHER (city or town) (state or country) <u>unknown</u>							
12 MAIDEN NAME OF MOTHER <u>Julia Anna Davis</u>							
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <u>unknown</u>							
14 Informant <u>Mr. Van Linder</u>							
(Address) <u>Vernonville Mich</u>							
15 Filed <u>Jan 22</u> , 19 <u>26</u> <u>L. H. Lamb</u> Registrar.							
MEDICAL CERTIFICATE OF DEATH							
16 DATE OF DEATH (Month, day and year) <u>Jan 20</u> 19 <u>26</u>							
17 I HEREBY CERTIFY, That I attended deceased from <u>Nov 12</u> , 19 <u>25</u> , to <u>Jan 20</u> , 19 <u>26</u> that I last saw h. <u>h.</u> alive on <u>Nov 12</u> , 19 <u>25</u> and that death occurred on the date stated above at <u>2:01</u> m. The CAUSE OF DEATH* was as follows:							
<u>Senile Dementia</u>							
(duration) yrs. <u>6</u> mos. <u>"</u> ds.							
CONTRIBUTORY <u>organic heart disease</u>							
(Secondary) (duration) yrs. <u>5</u> mos. <u>"</u> ds.							
18 Where was disease contracted							
If not at place of death?							
Did an operation precede death? Date of							
Was there an autopsy?							
What test confirmed diagnosis?							
(Signed) <u>L. P. D. McLaughlin</u> M. D.							
<u>1/20</u> , 19 <u>26</u> , Address <u>Vernonville</u>							
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.							
19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Kalamazoo Mich</u>							
Date of Burial <u>Jan 22</u> 19 <u>26</u>							
2 UNDERTAKER <u>Valery Johnson</u>							
Address <u>Bellevue</u>							