

1 PLACE OF DEATH

County Catawba
 Township Vernonville
 Village "
 City "

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 4

(No. _____ St. _____ Ward _____)
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Eitel

(a) Residence No. _____ St., Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) married

5a If married, widowed or divorced, HUSBAND of (or) WIFE of Jessie Eitel

6 DATE OF BIRTH (Month, day and year) Sept 1st 1844

7 AGE Years 82 Months 5 Days 8 If LESS than 1 day _____ hrs. OR _____ min.

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work farmer
 (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. S. A.

10 NAME OF FATHER Geo. Eitel

11 BIRTHPLACE OF FATHER (city or town) (state or country) Germany

12 MAIDEN NAME OF MOTHER May Shoutel

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Ohio

14 Informant Edna Eitel
 (Address) Vernonville

15 Filed 3/12, 1926 B. H. Lamb
 Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 3/9 1926

17 I HEREBY CERTIFY, That I attended deceased from 3/7, 1926, to 3/9, 1926, that I last saw him alive on 3/8, 1926, and that death occurred on the date stated above at 2 P. m.

The CAUSE OF DEATH* was as follows:
chronic interstitial nephritis
 (duration) 2 yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ 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) B. L. D. McLaughlin, M. D.
3/9, 1926, Address Vernonville

*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 Vernonville Date of Burial 3/12 1926

20 UNDERTAKER D. W. Harris Address Vernonville

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