MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 10

I PLACE OF DEATH

County Eaton

Township Vermontville

Village Vermontville

City ..... (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lillian N Rawson

(a) Residence No. ..... St., Ward .....

(Usual place of abode) (If non-resident give city or town and state)

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	4 Color or Race	5 Single, Married, Widowed or Divorced (*Write* the word)
Female	white	married

5a If married, widowed or divorced
HUSBAND of (or) WIFE of Ed Rawson

6 DATE OF BIRTH (Month, day and year)

7 AGE Years	Months	Days	If LESS than 1 day ..... hrs. OR ..... min.
60	0	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) House work

(c) Name of employer.

9 BIRTHPLACE (city or town) (state or country) Ohio

PARENTS

10 NAME OF FATHER Henry Hopkins

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

12 MAIDEN NAME OF MOTHER Trackom

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

14 Informant Ed Rawson

(Address) Vermontville

15 Filed June 15, 1926 C. H. Lamb Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) June 11 1926

17 I HEREBY CERTIFY, That I attended deceased from June 11, 1926, to June 11, 1926

that I last saw h[illegible] alive on June 11, 1926 and

that death occurred on the date stated above at 2 P m.

The CAUSE OF DEATH* was as follows:

apoplexy

(duration) ..... yrs. ..... mos. 1/4 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) C L DM Laughlin M. D.

June 12, 1926. Address Vermontville Mich

*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 Freemire Cemetery — Date of Burial 6/14 1926

2 UNDERTAKER D. D. Hess — Address Nashville

MARGIN RESERVED FOR BINDING

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

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