1 PLACE OF DEATH

County Eaton

Township Vermontville

Village "

City

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 14

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

2 FULL NAME Royce Clifton Millard

(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)
Male	White	married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Mable Millard

6 DATE OF BIRTH (Month, day and year)

7 AGE Years	Months	Days	If LESS than 1 day ... hrs. OR ... min.
47	9	15	

8 OCCUPATION OF DECEASED

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

(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) Mich

PARENTS

10 NAME OF FATHER Edwin Millard

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

12 MAIDEN NAME OF MOTHER Louisa Royce

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

14 Informant Mable Millard

(Address) Vermontville Mich

15 Filed 9/2, 1926 C H Lord Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 8/30 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 12, 1926, to Aug 30, 1926

that I last saw him alive on 8/30, 1926 and

that death occurred on the date stated above at 4 P m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

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

CONTRIBUTORY (Secondary) Streptococcus infection (duration) .... yrs. .... mos. 16 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) C. F. O. McLaughlin M. D.

8/31, 1926, Address Vermontville

*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	Date of Burial
Gaines Mich	9/2 1926
20 UNDERTAKER W. D. Kerr	Address Nashville

MARGIN RESERVED FOR BINDING

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

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