MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 1

1 PLACE OF DEATH

County Osh

Township Vermontville

Village "

City

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

2 FULL NAME Eleene Honeysett

(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	single

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

6 DATE OF BIRTH (Month, day and year) 2/24/27

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

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work 0

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

(c) Name of employer. 0

9 BIRTHPLACE (city or town) (state or country) Vermontville, Mich

PARENTS

10 NAME OF FATHER Clyde Honeysett

11 BIRTHPLACE OF FATHER (city or town) (state or country) Kalamazoo Mich

12 MAIDEN NAME OF MOTHER Lucy Cleveland

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

14 Informant Clyde Honeysett.

(Address) Vermontville. Mich

15 Filed 2/26, 1927 C. H. Fox Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 2/24 1927

17 I HEREBY CERTIFY, That I attended deceased from 2/24, 1927, to 2/24, 1927

that I last saw him alive on 2/24, 1927 and

that death occurred on the date stated above at 12 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth 7½ months

(duration) 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) E. Morris, M. D.

2/27, 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 Plainwell — Date of Burial 2/25 1927

2 UNDERTAKER W. H. Bess — Address Vermontville Mich

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

MARGIN RESERVED FOR BINDING

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