

1 PLACE OF DEATH  
County Essex  
Township  
Village Vermont

# MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 9

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

2 FULL NAME Miss Lela Doug Hankin

(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 Female 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 Berney Hankin

6 DATE OF BIRTH (Month, day and year) 1894-11-13

7 AGE Years Months Days If LESS than 1 day.....hrs. OR.....m'n.  
32 8 13

### 8 OCCUPATION OF DECEASED

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

10 NAME OF FATHER Orin Worden

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

12 MAIDEN NAME OF MOTHER Benedict

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

14 Informant Lela Doug Hankin  
(Address) Vermont, Mich

15 Filed 7/28, 1927 L. H. Lusk Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 7/26 1927

17 I HEREBY CERTIFY, That I attended deceased from July 18th, 1927, to July 26, 1927, that I last saw him alive on 7/26, 1927, and that death occurred on the date stated above at.....m.

The CAUSE OF DEATH\* was as follows:

Pulmonary tuberculosis

(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? No Date of.....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. S. Snell M. D.

7/27, 1927, Address Vermont

\*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 Vermont Date of Burial 8/28 1927

2 UNDERTAKER P. D. Han Address Washville

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

MARGIN RESERVED FOR BINDING

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