

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH		MICHIGAN DEPARTMENT OF HEALTH	
County <u>Ben</u>		Division of Vital Statistics	
Township <u>Vermontville</u>		TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER	
Village _____		Registered No. <u>12</u>	
City _____		(No. _____ St. _____ Ward _____)	
(If death occurred in a hospital or institution, give its NAME instead of street and number.)			
2 FULL NAME <u>Eugene Whaley</u>			
(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 <u>Male</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed or Divorced (Write the word) <u>Widowed</u>	
5a If married, widowed or divorced HUSBAND of (or) WIFE of <u>Briggs</u>			
6 DATE OF BIRTH (Month, day and year) <u>Not known</u>			
7 AGE <u>76</u>	Years	Months <u>12</u>	Days <u>Not known</u>
If LESS than 1 day.....hrs. OR.....min.			
8 OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work <u>Farmer</u>			
(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>Mich</u>			
10 NAME OF FATHER <u>unknown</u>			
11 BIRTHPLACE OF FATHER (city or town) (state or country) <u>Mich</u>			
12 MAIDEN NAME OF MOTHER <u>unknown</u>			
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <u>Mich</u>			
14 Informant <u>Louise Whaley</u>			
(Address) <u>Vermontville Mich</u>			
15 Filled <u>12/12</u> , 19 <u>27</u> <u>L. H. Lee</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH (Month, day and year) <u>Mar 9</u> 19 <u>28</u>			
17 I HEREBY CERTIFY, That I attended deceased from <u>Mar 3</u> , 19 <u>28</u> , to <u>Mar 9</u> , 19 <u>28</u> , that I last saw him alive on <u>Mar 9</u> , 19 <u>28</u> , and that death occurred on the date stated above at <u>8</u> a.m.			
The CAUSE OF DEATH* was as follows: <u>Valvular disease</u> <u>cardiac weakness</u>			
(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? <u>no</u> Date of _____			
Was there an autopsy? <u>no</u>			
What test confirmed diagnosis? (Signed) <u>L. S. Snell</u> M. D. <u>Mar 11</u> , 19 <u>28</u> , Address <u>Vermontville</u>			
*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 <u>Mich</u> Date of Burial <u>11/11</u> 19 <u>28</u>			
2 UNDERTAKER <u>L. H. Lee</u> Address <u>Vermontville</u>			