MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 1

I PLACE OF DEATH

County Eaton

Township Vermontville

Village 1

City

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

2 FULL NAME Samuel Stuard Fuller

(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 Ellen Fuller

6 DATE OF BIRTH (Month, day and year) 5/15 1843

7 AGE Years	Months	Days	If LESS than 1 day hrs. OR min.
84	8	16	

8 OCCUPATION OF DECEASED

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

(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

11 BIRTHPLACE OF FATHER (city or town) (state or country) N. York State

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (state or country) New York State

14 Informant Mrs Ellen Fuller

(Address) Vermontville

15 Filed 2/3, 1928 E. H. Lamb Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 1/31 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1927, to Jan 31st, 1928, that I last saw h[illegible] alive on Jan 31, 1928 and that death occurred on the date stated above at 1 P m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(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) C. L. D. McLaughlin, M. D.

Feb 2, 1928, 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 Vermontville — Date of Burial 2/2 1928

2 UNDERTAKER D. D. Hess — Address Vermontville

Form 93a—9-5-21—1000 Books—100 pages.

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

MARGIN RESERVED FOR BINDING

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