MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

1 PLACE OF DEATH

County Eaton

Township Vermontville

Village ''

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

Registered No. 8

2 FULL NAME Wm H. Frantz

(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 Nov 11 /1864

6 DATE OF BIRTH (Month, day and year)

7 AGE Years	Months	Days	If LESS than 1 day ... hrs. OR ... min.
63	3	5	

8 OCCUPATION OF DECEASED

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

(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) Indiana

PARENTS

10 NAME OF FATHER Joseph Frantz

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

12 MAIDEN NAME OF MOTHER Barbra Gearhart

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

14 Informant Mrs Wm Frantz

(Address) Sunfield, Mi

15 Filed 2/20, 1928 C. H. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Feb 16 1928

17 I HEREBY CERTIFY, That I attended deceased from ...., 19...., to ...., 19....

that I last saw h.... alive on ...., 19.... and

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

The CAUSE OF DEATH* was as follows:

Fracture of skull

struck by train

accident

(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? No

What test confirmed diagnosis? History & Bone

(Signed) Donald C. [illegible] Coroner M. D.

Feb 16, 1928, Address Charlotte

*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
Sunfield	2/20 1928
2 UNDERTAKER	Address
Henry H [illegible]	Sunfield

MARGIN RESERVED FOR BINDING

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

Form 93a—9-5-21—1000 Books—100 pages.

243