

MARGIN RESERVED FOR BINDING

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

I PLACE OF DEATH

County CalhounTownship VermontvilleVillage 11

City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 4(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Edward S. Libell(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 Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Married5a If married, widowed or divorced
HUSBAND of Haniet S.
(or) WIFE of6 DATE OF BIRTH (Month, day and year) 1892-2-157 AGE Years 86 Months 1 Days 3 If LESS than 1 day _____ hrs. OR _____ min.

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) Ohio10 NAME OF FATHER Nicholas Libell11 BIRTHPLACE OF FATHER (city or town) (state or country) Ohio12 MAIDEN NAME OF MOTHER Parter13 BIRTHPLACE OF MOTHER (city or town) (state or country) Ohio14 Informant Haniet Libell
(Address) Vermontville15 Filed 2/21, 1928 E. H. Law
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 3/18 192817 I HEREBY CERTIFY, That I attended deceased from Dec, 1928, to March 15, 1928, that I last saw him alive on 3/15, 1928, and that death occurred on the date stated above at 8 a.m.

The CAUSE OF DEATH* was as follows:

General Paralysis of the insane2 (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? Yes Date of _____Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. S. Libell M. D.
3/1/1928, 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

25, 1928

2 UNDERTAKER

D. D. Ken

Address

Vermontville

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