

1 PLACE OF DEATH
County Edin
Township Vermontville
Village 1

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

City 1 (No. 1 St. 1 Ward 1)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Oscar Eugene Powers

(a) Residence No. 1 St., Ward 1
(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) Married

5a If married, widowed or divorced
HUSBAND of Edgina
(or) WIFE of

6 DATE OF BIRTH (Month, day and year) 10/22/1835

7 AGE Years 58 Months 6 Days 10 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) Mich.

10 NAME OF FATHER Filo

11 BIRTHPLACE OF FATHER (city or town) (state or country) Mich.

12 MAIDEN NAME OF MOTHER unknown

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

14 Informant Basel Powers
(Address) Nashville, Tenn.

15 Filed Oct 8, 1928 B. H. Lamb Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 9/2 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 3, 1926, to 1928, that I last saw him alive on July 31, 1928, and that death occurred on the date stated above at m.

The CAUSE OF DEATH* was as follows:

General Paralysis

(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? No

What test confirmed diagnosis?

(Signed) E. S. Shell M. D.

Sept 3, 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

Kalamazoo Date of Burial 9/4 1928

2 UNDERTAKER B. B. Hess Address Nashville

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

MARGIN RESERVED FOR BINDING

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