MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 8

I PLACE OF DEATH

County Eat

Township Vermontville

Village Vll

City

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

2 FULL NAME Gordon Hammond

(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.

Form 93a—9-5-21—1000 Books—100 pages.

MARGIN RESERVED FOR BINDING

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (Write the word)
Male	White	single

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

6 DATE OF BIRTH (Month, day and year) 5/26/1925

7 AGE	Years	Months	Days	If LESS than 1 day ..... hrs. OR ..... min.
	3	1	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(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) Vermontville

PARENTS

10 NAME OF FATHER Harry Hammond

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

12 MAIDEN NAME OF MOTHER Beula Shaffer

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

14 Informant Harry Hammond

(Address) Vermontville - Mich

15 Filed 7/12, 1928 C H Lat Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 7/10 192

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to July 9, 1928

that I last saw him alive on July 9, 1928 and

that death occurred on the date stated above at 9A m.

The CAUSE OF DEATH* was as follows:

Lymphatic Leukemia

(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?

What test confirmed diagnosis?

(Signed) E. Moyer M. D

7/11, 1928. Address Nashville

*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 7/12 192

2 UNDERTAKER W. D. Hess — Address Nashville

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