

152

1 PLACE OF DEATH  
County Barry  
Township Vermontville  
Village \_\_\_\_\_

# MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

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

Registered No. 4

2 FULL NAME Hannah Gehman

(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 Female 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word) Widowed

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

6 DATE OF BIRTH (Month, day and year) 1848-12-17

7 AGE Years Months Days If LESS than  
80 3 28  
1 day \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.

### 8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife  
(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) Ohio

10 NAME OF FATHER Louisa

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

12 MAIDEN NAME OF MOTHER Louisa Neiser

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

14 Informant W. W. Bowers  
(Address) Vermontville

15 Filed 4/25, 1929 to L. Hine  
Registrar.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 4-16 1929

17 I HEREBY CERTIFY, That I attended deceased from Feb 3, 1929, to 4-16, 1929, that I last saw her alive on 4-14, 1929 and that death occurred on the date stated above at 1P m.

The CAUSE OF DEATH\* was as follows:

Payer heart attack  
peritritus

(duration) \_\_\_\_\_ yrs. 3 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? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) E. L. McLaughlin M. D.

4-18, 1929, 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

Date of Burial

Kalamo Cemetery

4-19 1929

20 UNDERTAKER

Address

W. W. Hine

Vermontville

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

MARGIN RESERVED FOR BINDING

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