MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 6

1 PLACE OF DEATH

County Eaton

Township

Village Vermontville

City

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

2 FULL NAME Henery milton Norton

(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	widowed

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

6 DATE OF BIRTH (Month, day and year) Sept 3rd 1849

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

8 OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer) Shoe Repairing

(c) Name of employer.

9 BIRTHPLACE (city or town) (state or country) Ohio

PARENTS

10 NAME OF FATHER Jacob K. Norton

11 BIRTHPLACE OF FATHER (city or town) (state or country) New Jersey

12 MAIDEN NAME OF MOTHER Mary ann Boots

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

14 Informant Glen Randall

(Address) Vermontville Mich

15 Filed May 3, 1929 C. L. Hine Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) May 3rd 1929

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 about 5:20 p.m.

The CAUSE OF DEATH* was as follows:

Rifle Wound of Head
Suicide

(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?

(Signed) Donald C. Gaffney coroner, M. D.

May 3, 1929, Address Charlotte Mich R.D.20

*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 — Maple Lawn Cemetery Vermontville — Date of Burial May 5 1929

2 UNDERTAKER Mapes & Ward — Address Vermontville Mich

MARGIN RESERVED FOR BINDING

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

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