

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

I PLACE OF DEATH  
County Eaton  
Township \_\_\_\_\_  
Village Vernontville  
City \_\_\_\_\_

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 9

2 FULL NAME Niel Franklin Hutches

(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)

5a If married, widowed or divorced HUSBAND of (or) WIFE of 6-10-29

6 DATE OF BIRTH (Month, day and year)

7 AGE Years Months Days If LESS than 1 day hrs. OR min. Still born

8 OCCUPATION OF DECEASED

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

10 NAME OF FATHER Victor Hutches

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

12 MAIDEN NAME OF MOTHER Worthy Loveland

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

14 Informant Mr. Victor Hutches  
(Address) Vernontville Mich

15 Filed 6-21, 19 9 Clair L. Hine Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 6-10-1929

17 I HEREBY CERTIFY That I attended deceased from 6, 1929, to 6-10, 1929

that I last saw him alive on never, 1929 and

that death occurred on the date stated above at 12.9 m.

The CAUSE OF DEATH\* was as follows:

Still born Infant

(duration) yrs. mos. ds. 0

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. H. M. Laughlin M. D.  
, 19 29, Address

\*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

Wood Lawn 6-11 1929

2 UNDERTAKER Address M. W. Burkhead Olivet