MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

1 PLACE OF DEATH
County: Eaton
Township:
Village: Vermontville
City:

Registered No. 12

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

2 FULL NAME: Edmond Wallace Rawson

(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): Widowed

5a If married, widowed or divorced HUSBAND of ~~(or) WIFE of~~: Nancey Rawson

6 DATE OF BIRTH (Month, day and year): June 12

7 AGE: Years 83, Months 3, Days 17. If LESS than 1 day ______ hrs. OR ______ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(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

PARENTS

10 NAME OF FATHER: Ira Rawson

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

12 MAIDEN NAME OF MOTHER: Martha Ames

13 BIRTHPLACE OF MOTHER (city or town) (state or country): Unknown

14 Informant: Fred Rawson
(Address): Vermontville Mich

15 Filed: 9-30, 1929 Clark Hine, Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year): Sept 29, 1929

17 I HEREBY CERTIFY, That I attended deceased from June, 1929, to Sept 29, 1929, that I last saw him alive on Sept 25, 1929 and that death occurred on the date stated above at ______ m.

The CAUSE OF DEATH* was as follows:
Arterio Sclerosis

Several (duration) ______ yrs. ______ mos. ______ ds.

CONTRIBUTORY (Secondary): Cerebral apoplexy
(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) C L D Mc Laughlin M. D.

9-30, 1929. Address Vermontville Mich

C. K. Brown 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: Freemire Cemetery
Date of Burial: Oct 1 1929

20 UNDERTAKER: K K Ward
Address: Vermontville

MARGIN RESERVED FOR BINDING

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

Form 93a—9-5-21—1000 Books—100 pages.

Start

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