

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH
County Exton

Township _____

Village Vermontville

City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 1(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Lois Hammond(a) Residence No. Vermontville St., Ward _____
(Usual place of abode)
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) Single5a If married, widowed or divorced
HUSBAND of _____
(or) WIFE of _____6 DATE OF BIRTH
(Month, day and year)

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

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) Vermontville10 NAME OF FATHER Edmond Hammond11 BIRTHPLACE OF FATHER (city or town) (state or country) Vermontville Mich12 MAIDEN NAME OF MOTHER Ethel Hawley13 BIRTHPLACE OF MOTHER (city or town) (state or country) Vermontville Mich14 Informant Edmond Hammond
(Address) Vermontville15 Filed 1-16, 1930 Charles Hine
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 1-14 193017 I HEREBY CERTIFY, That I attended deceased from 1-14-30, 1930, to 1-14, 1930that I last saw h. alive on 1-14, 1930 and that death occurred on the date stated above at 3 P.m.

The CAUSE OF DEATH* was as follows:

Therapeutic Infant(duration) _____ yrs. _____ mos. 1/2 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. H. McLaughlin M. D.1-16, 1930, 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

Woodlawn2 UNDERTAKER none called

Date of Burial

1-5 1930

Address