MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 2

I 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 Edward Charles Briggs

(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	Baby

5a 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.
	3	9	28	

8 OCCUPATION OF DECEASED

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

(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) Michigan

PARENTS

10 NAME OF FATHER Denny Briggs

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

12 MAIDEN NAME OF MOTHER Ruth Shotenkelp

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

14 Informant Denny Briggs
(Address) Vermontville Mich

15 Filed 2-7, 1930 Chas. Kline Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Feb 7th 1930

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1930, to Feb 7, 1930

that I last saw him alive on Feb 7, 1930 and

that death occurred on the date stated above at 5 15 p.m.

The CAUSE OF DEATH* was as follows:

Empyema following pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Scarlet Fever

(duration) yrs. mos. 8 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) C. L. Doyle Laughlin M. D.

2-7, 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 Woodlawn - Vermontville — Date of Burial 2-9 1930

2 UNDERTAKER K. K. Ward — Address Vermontville

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

MARGIN RESERVED FOR BINDING

Form 93a—9-5-21—1000 Books—100 pages.

Start

268