

1 PLACE OF DEATH
County Eaton
Township _____
Village Vermontville

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 7

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

2 FULL NAME Theodore Edward Hutchess

(a) Residence. No. Vermontville Mich 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 Male 4 Color or Race white 5 Single, Married, Widowed or Divorced (write the word.) Stillborn

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (Month, day and year.) April 13th 1930

7 AGE Years Months Days If LESS than 1 day, 0 hrs. OR 0 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Stillborn

(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) Mich

10 NAME OF FATHER Victor Hutchess

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

12 MAIDEN NAME OF MOTHER Rodney Loueland

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

14 Informant Victor Hutchess (Address) Vermontville Mich

15 Filed 4-13, 1930 Christine Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) April 13 1930

17 I HEREBY CERTIFY, That I attended deceased from April 13, 1930, to April 20, 1930, that I last saw him alive on _____, 19____, and that death occurred on the date stated above at 4⁰⁰ m.

The CAUSE OF DEATH* was as follows:

Stillborn
(duration) _____ yrs. _____ mos. 1 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. & Loughlin M. D.

4-13-1930 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. (See reverse side for further instructions.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Woodbury - Vermontville Date of Burial 4-14 1930

2 UNDERTAKER Address Ammon

T. K. Ward

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

UNIQUE REFERENCE NUMBER

PERMANENT RECORD