

County Eaton

Department of State—Division of Vital Statistics

Township \_\_\_\_\_

## TRANSCRIPT OF CERTIFICATE OF DEATH

Village VermontvilleRegistered No. 9City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME William A. Fowler(a) Residence. No. Vermontville Mich 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.) Single

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

6 DATE OF BIRTH (Month, day and year.) April 9<sup>th</sup> 18557 AGE Years 78 Months 1 Days 2 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) Mich10 NAME OF FATHER Yes Father11 BIRTHPLACE OF FATHER (city or town) (State or country) New York12 MAIDEN NAME OF MOTHER Catherine Hartman13 BIRTHPLACE OF MOTHER (city or town) (state or country) New York14 Informant Arthur G. G. G. (Address) Vermontville Mich15 Filed 5/13, 1930 Charles E. G. Registrar.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) May 11<sup>th</sup> 193017 I HEREBY CERTIFY, That I attended deceased from April 1<sup>st</sup> 1930, to May 11, 1930, that I last saw him alive on May 8, 1930, and that death occurred on the date stated above at 8 P.m.

The CAUSE OF DEATH\* was as follows:

Chronic nephritis following Heimberg?(duration) \_\_\_\_\_ yrs. 2 mos. 1 ds. CONTRIBUTORY arteriosclerosis (Secondary)(duration) 3 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. L. L. L. M. D. 5/13, 1930, Address Vermontville Mich

\*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 Fernside Bur Date of Burial 5/13 19302 UNDERTAKER K. K. Ward Address Vermontville Mich

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 assessed. Exact statement of OCCUPATION is very important.

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

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