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I PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County Eaton

TRANSCRIPT OF CERTIFICATE OF DEATH

Township \_\_\_\_\_

Registered No. 10

Village Vernontville

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

2 FULL NAME Harrett M. Dickinson

(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 Female 4 Color or Race white 5 Single, Married, Widowed or Divorced (write the word.) Widow

5a If married, widowed, or divorced  
HUSBAND OF \_\_\_\_\_  
(or) WIFE OF Abonzo Dickinson

6 DATE OF BIRTH (Month, day and year.) Feb 7th 1851

7 AGE Years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.  
79 3 13

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) Mich

10 NAME OF FATHER Samuel Belcher

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

12 MAIDEN NAME OF MOTHER Lara Fox

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

14 Informant Geo Dickinson  
(Address) Vernontville

15 Filed May 5, 1930 Christine  
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) May 20th 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1929, to May 20, 1930  
that I last saw her alive on May 19, 1930, and that death occurred on the date stated above at 7 9 m.

The CAUSE OF DEATH\* was as follows:  
Organic Heart Disease

(duration) 15 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (Secondary) Bright Disease

(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) Chas H. Laughlin M. D.

May 21, 1930 Address Vernontville

\*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 Freemine Cem - Date of Burial May 22 1930

20 UNDERTAKER R. K. Ward Address Vernontville

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