STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 6

1 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 James Willard Roach

(a) Residence. No. Vermontville. Mich. St., Ward.
(Usual place of abode.)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State.)

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (*write* the word.)
Male	White	Married

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

6 DATE OF BIRTH
(Month, day and year.)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. OR ..... min.
	86	7	0	

8 OCCUPATION OF DECEASED

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

(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) New York

PARENTS

10 NAME OF FATHER James Roach

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

12 MAIDEN NAME OF MOTHER Louisa Carter

13 BIRTHPLACE OF MOTHER (city or town)
(state or country) New York

14 Informant Mrs Pearl Adgate

(Address) Detroit. Mich.

15 Filed June 30, 1937 A. L. Barningham Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) June 30" 1937

17 I HEREBY CERTIFY, That I attended deceased from May 15", 1937, to June 30", 1937 that I last saw h. alive on June 29", 1937 and that death occurred on the date stated above at 12 noon

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(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) L. Donald Kelsey D.O. M. D.

June 30, 1937, 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 Kalamo Mich

Date of Burial July 2 1937

2 UNDERTAKER K K Ward

Address Vermontville Mich.

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