STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 6

I PLACE OF DEATH

County Eaton

Township

Village Vermontville

City

Reported to County clerk 12-1-39

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

2 FULL NAME Perry Willoughby Sprague

(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 81 yrs. 4 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	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lucy A Sprague

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

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. OR ... min.
	81	4	8	

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) Vermontville Mich

PARENTS

10 NAME OF FATHER Henry M Sprague

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

12 MAIDEN NAME OF MOTHER Zylpha Green

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

14 Informant Mrs Irma Weaver

(Address) Postwalle, Mich.

15 Filed May 25, 1939 A. L. Bannister
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 5/24 1939

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1934, to May 24, 1939 that I last saw h[illegible] alive on May 23, 1939 and that death occurred on the date stated above at 4:30 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pylorus

(duration) 1 yrs. ... mos. ... 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) L. Howard Kelsey D O, M. D.

May 24 1939 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 Woodlawn Cemetery

Date of Burial 5/26 1939

2 UNDERTAKER K. K Ward

Address V'ille Mich.

M. B.—Every item of information CAUSE OF DEATH in plain terms, so that it may be properly ... important.

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