Co Clerk
5-23-55

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No. X

BIRTH No.

Local File No. 6

1. PLACE OF DEATH
a. COUNTY: Eaton
b. CITY OR VILLAGE (If outside corporate limits, write RURAL and give township): Vermontville
c. LENGTH OF STAY (in this place): 21
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 257 Maple St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mich.
b. COUNTY:
c. TOWNSHIP, CITY OR VILLAGE (Name of): Vermontville
d. Is Residence within limits of a city or incorporated village? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 257 Maple St.

3. NAME OF DECEASED (Type or Print): a. (First) Fairy b. (Middle) C. c. (Last) Lesher
4. DATE OF DEATH: (Month) Apr (Day) 24 (Year) 1955

5. SEX: Fem.
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct 13 1860
9. AGE (In years last birthday): 94
If under 1 Year: Months / Days
If under 24 Hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Salem Oregon
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Oscar Williams
14. MOTHER'S MAIDEN NAME: Elizabeth Nordyke

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE: Mrs Roy Mathews ADDRESS: Vermontville Mich

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Artery Sclerotic heart disease
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

Interval Between Onset and Death:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes [ ] No [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED While at Work [ ] Not While at Work [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7 00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): M D Fairchead Coroner Eaton Co.
23b. ADDRESS: Charlotte
23c. DATE SIGNED: 4/24/1955

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/27/55
24c. NAME OF CEMETERY OR CREMATORY: Vermontville
24d. LOCATION (City, village, twp., or county) (State): Vermontville Mich.

DATE REC'D BY LOCAL REG.: Apr 25/1955
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR'S SIGNATURE: Richard L. Stanley ADDRESS: Vermontville Mich
Eaton Funeral Home

TYPE OR PRINT (EXCEPT SIGNATURES) IN BLACK INK—THIS IS A PERMANENT RECORD

504