Copy to Clerk
May-7-56

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No.

BIRTH No.

Local File No. 2

1. PLACE OF DEATH
a. COUNTY: EATON
b. CITY OR VILLAGE (If outside corporate limits, write RURAL and give township): WALNUT ST.
c. LENGTH OF STAY (in this place): 7yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): WALNUT ST

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

3. NAME OF DECEASED (Type or Print): a. (First) LAURA b. (Middle) c. (Last) BARBER

4. DATE OF DEATH: (Month) APR (Day) 16 (Year) 1956

5. SEX: F

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: AUG 22 1868

9. AGE (In years last birthday): 87
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): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MICHIGAN

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHRISTIAN SCHNAU

14. MOTHER'S MAIDEN NAME: CHRISTINA

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. MARGARET ROUNDS
ADDRESS: VERMONTVILLE

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): Arteria Sclerotic Heart Disease — Interval Between Onset and Death: 4 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Asthma — 2 wks
DUE TO(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

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 June, 19 53 to Apr, 19 56, that I last saw the deceased alive on Apr 15, 19 56, and that death occurred at 9:17 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): L Donald Kelsey D.O.

23b. ADDRESS: Vermontville Mich

23c. DATE SIGNED: 4/18/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Apr 18 1956

24c. NAME OF CEMETERY OR CREMATORY: Oak Hill

24d. LOCATION (City, village, twp., or county) (State): Battle Creek Mich

DATE REC'D BY LOCAL REG.: April 18/56

REGISTRAR'S SIGNATURE: F.E. Marcum

25. FUNERAL DIRECTOR'S SIGNATURE: Paul Fisher
ADDRESS: Vermontville Mich. Otis Funeral Home

THIS IS A PERMANENT RECORD

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