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CERTIFICATE OF DEATH

BIRTH No.

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No.

Local File No. 4

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): 11 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 496 E. Main 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): 496 E. Main St.

3. NAME OF DECEASED (Type or Print) a. (First) Estella b. (Middle) Fidell c. (Last) Flood

4. DATE OF DEATH (Month) (Day) (Year): Nov 2. 1956

5. SEX: Female

6. COLOR OR RACE: White

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

8. DATE OF BIRTH: Apr 2, 1876

9. AGE (In years last birthday): 80 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Mich

12. CITIZEN OF WHAT COUNTRY: U S A

13. FATHER'S NAME: Archibald Flood

14. MOTHER'S MAIDEN NAME: Margaret McWilliams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE: Hugh Flood ADDRESS: 496 E. Main St Vermontville Mich

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardine Degeneration — Interval Between Onset and Death: 6 wk

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arthro sclerosis — 10 yrs

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 July, 1956, to Nov 2, 1956, that I last saw the deceased alive on July 2, 1956, and that death occurred at 3:45 m., from the causes and on the date stated above.

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

23b. ADDRESS: Vermontville

23c. DATE SIGNED: 11/3/56

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

24b. DATE: Nov 6 - 56

24c. NAME OF CEMETERY OR CREMATORY: Glendale

24d. LOCATION (City, village, twp., or county) (State): Ingham County Mich

DATE REC'D BY LOCAL REG.: Nov. 5. 1956

REGISTRAR'S SIGNATURE: T. E. Mason

25. FUNERAL DIRECTOR'S SIGNATURE: Paul Fisher Otto Funeral Home

ADDRESS: Vermontville Mich.

Apr 18 '70 [illegible]

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