CERTIFICATE OF DEATH

State File No.

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

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): Vermontville
c. LENGTH OF STAY (in this place): 42
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Michigan
b. COUNTY: Eaton
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 Street

3. NAME OF DECEASED (Type or Print): a. (First) Roy b. (Middle) E. c. (Last) MATHEWS

4. DATE OF DEATH: (Month) Oct. (Day) 1 (Year) 1960

5. SEX: Male

6. COLOR OR RACE: White

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

8. DATE OF BIRTH: Dec. 28 - 1890

9. AGE (In years last birthday): 69
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): Gen. Store Owner

10b. KIND OF BUSINESS OR INDUSTRY: Grocery

11. BIRTHPLACE (State or foreign country): Van Wert Ohio

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

13. FATHER'S NAME: Noah Mathews

14. MOTHER'S MAIDEN NAME: Lizzy Snyder

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.: 376-30-8421

17. INFORMANT'S SIGNATURE / ADDRESS: Mrs. Laurel Mathews Vermontville

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) Congestive Heart Failure — Interval Between Onset and Death: 2 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

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 [X]

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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Burl Field, Eaton County Coroner

23b. ADDRESS: Dimondale, Michigan

23c. DATE SIGNED: Oct. 1 - 1960

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

24b. DATE: Oct. 4-1960

24c. NAME OF CEMETERY OR CREMATORY: Roseneath Cemetery

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

DATE REC'D BY LOCAL REG.: 10-4-1960

REGISTRAR'S SIGNATURE: Lyta Nagle Dep.

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Voght-Funeral Directors, Nashville, Mich.

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