MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 13

1 PLACE OF DEATH

County Cass

Township Vermontville

Village "

City

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

2 FULL NAME Elyde Daniel Hines

(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 yrs. 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	Wht	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Zelma

6 DATE OF BIRTH (Month, day and year) 1897 - 10 - 22

7 AGE Years	Months	Days	If LESS than 1 day ..... hrs. OR ..... min.
31	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerk

(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) Olivet Mich.

PARENTS

10 NAME OF FATHER Lucien C Hines

11 BIRTHPLACE OF FATHER (city or town) (state or country) Maryland

12 MAIDEN NAME OF MOTHER — Robison

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Ill.

14 Informant Byron Hines

(Address) Vermontville

15 Filed Dec 7, 1928 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Dec 18 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 29, 1928, to Dec 18, 1928,

that I last saw h alive on Dec 17, 1928 and

that death occurred on the date stated above at 4 A m.

The CAUSE OF DEATH* was as follows:

Influenza & Pneumonia

(duration) yrs. mos. 22 ds.

CONTRIBUTORY (Secondary) Pleurisy & Pneumothy

(duration) yrs. mos. 8 ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. L. D. Mc Laughlin, M. D.

Dec 22, 1928. Address Vermontville

*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.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Vermontville

Date of Burial 12/26 1928

2 UNDERTAKER B. V. Hess

Address Vermontville

Form 93a—9-5-21—1000 Books—100 pages.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

254