MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 5

I PLACE OF DEATH

County Eaton

Township

Village Vermontville

City

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

2 FULL NAME Sora E Randall

(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.

MARGIN RESERVED FOR BINDING

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

Form 93a—9-5-21—1000 Books—100 pages.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (*Write* the word)
Female	white	married

5a If married, widowed or divorced
~~HUSBAND of~~ (or) WIFE of Glen Randall

6 DATE OF BIRTH (Month, day and year) July 7 1888

7 AGE	Years	Months	Days	If LESS than 1 day ..... hrs. OR ..... min.
	41	7	18	

8 OCCUPATION OF DECEASED

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

(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) Ohio

PARENTS

10 NAME OF FATHER J. H. Baker

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

12 MAIDEN NAME OF MOTHER Stump

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Ohio

14 Informant Glen Randall

(Address) Vermontville Mich.

15 Filed 3-15-, 1930 Clark Hine Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Mar 15 1930

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1930, to Mar 15, 1930 that I last saw ~~he~~ she alive on Mar 14, 1930 and that death occurred on the date stated above at 12 30 m.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

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

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. L. McLaughlin, M. D.

3-15-1930 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: Woodlawn - Vermontville — Date of Burial: May 17 1930

2 UNDERTAKER: H. H. Ward — Address: Vermontville

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