STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 6

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 Earnest E. Satterlee

(a) Residence. No Vermontville Mich 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

M. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Form 81—1-18-10,000

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed or Divorced (*write* the word.): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Lena Satterlee

6 DATE OF BIRTH (Month, day and year.): Jan 20th 1859

7 AGE — Years: 71 | Months: 2 | Days: 16 | If LESS than 1 day, ... hrs. OR ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired

(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): New York

PARENTS

10 NAME OF FATHER: Jas Satterlee

11 BIRTHPLACE OF FATHER (city or town) (State or country): New York

12 MAIDEN NAME OF MOTHER: Anna Coy

13 BIRTHPLACE OF MOTHER (city or town) (state or country): New York

14 Informant: Ellen Satterlee

(Address): Vermontville Mich

15 Filed 4-8, 1930 Chas Fine Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year): April 6th 1930

17 I HEREBY CERTIFY, That I attended deceased from Jan 13, 1930, to April 6, 1930

that I last saw him alive on April 1, 1930 and

that death occurred on the date stated above at 10 30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Dropsy Renal

(duration) 2 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 D McLaughlin M. D.

4-8, 1930 Address Vermontville Mich

*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. (See reverse side for further instructions.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Woodlawn Cemetery — Date of Burial: April 8 1930

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

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