

1 PLACE OF DEATH
 County *Macomb*
 Township ..
 Village *Dumond*

MICHIGAN DEPARTMENT OF HEALTH
 Division of Vital Statistics

CERTIFICATE OF DEATH

176 297
 Register No. *12*

2 FULL NAME *Not Named (Parent Louis N Roussin)*
 a) Residence No. *401 Magnolia* St. Ward ..
 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 *Female* 4 Color or Race *White* 5 Single, Married, Widowed or Divorced (Write the word) *Single*

3a If married, widowed or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (Month, day and year) *Mar. 17 - 1929*

7 AGE Years Months Days If LESS than 1 day... hrs. OR min. *✓ ✓ ✓ 0 60*

8 OCCUPATION OF DECEASED
 (a) Trade, profession or particular kind of work
 (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) *Dumond Mich*

10 NAME OF FATHER *Louis N Roussin*

11 BIRTHPLACE OF FATHER (city or town) (state or country) *Dumond Mich*

12 MAIDEN NAME OF MOTHER *Agnes Joyce King*

13 BIRTHPLACE OF MOTHER (city or town) (state or country) *Missouri*

14 Informant *J. N. Roussin* (Address) *Dumond Mich*

15 Filed *March 18, 1929* Registrar *J. N. Roussin*

MEDICAL CERTIFICATE OF DEATH 1929

16 DATE OF DEATH (Month, day and year) *Mar. 18 - 1929*

17 I HEREBY CERTIFY, That I attended deceased from *March 16, 1929* to *March 17, 1929* that I last saw *L.N.* alive on *Mar. 17, 1929* and that death occurred on the date stated above at *1 P.M.*

The CAUSE OF DEATH* was as follows:
Remature birth (7 mo. of Hydrocephalus - Deformity hand & feet)

CONTRIBUTORY (Secondary) *Baby born live* (duration) yrs. mos. ds.

18 When 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) *J. A. Bates* M. D. Address *Dumond 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 *Vernon* Date of Burial *2/18 1929*

20 UNDERTAKER *C. E. Tupper* Address *Dumond*