

## 1. PLACE OF DEATH

## MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

## CERTIFICATE OF DEATH

State Office No.

62 3204

County NewaygoTownship Garfield

Village \_\_\_\_\_

City \_\_\_\_\_

(No. Newaygo Co Infirmary St. \_\_\_\_\_ Ward)  
(If death occurred in a hospital or institution, give the NAME instead of street and number)Register No. 162. FULL NAME Lucy Case Chapman

(a) Residence No. \_\_\_\_\_ St., Ward \_\_\_\_\_

(Usual place of abode)  
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) Widowed6a. If married, widowed or divorced HUSBAND of \_\_\_\_\_ WIFE of \_\_\_\_\_  
unknown6. DATE OF BIRTH (Month, day and year) June 27 18497. AGE Years Months Days IF LESS than 1 day \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.  
86 3 168. Trade, profession, or particular kind of work done, as spinner, weaver, carpenter, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTH PLACE (city or town) Pontiac  
(State or country) Mich13. NAME Henry Case14. BIRTHPLACE (city or town) unknown  
(State or country)15. MAIDEN NAME Harriet Jones16. BIRTHPLACE (city or town) unknown  
(State or country)17. INFORMANT Mrs Jas Murphy  
(Address) Trumbull Mich18. BURIAL, CREMATION, OR REMOVAL  
Place Pathe Field Date 10/14 193519. UNDERTAKER Crawford & Ensign  
(Address) Trumbull Mich20. FILED Oct 16, 1935 Ernest Brown  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 12, 193522. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1935, to Oct 11, 1935I last saw h. or alive on Oct 11, 1935 (death is said to have occurred on the date stated above, at \_\_\_\_\_ m.)The principal cause of death and related causes of importance were as follows: Arterioscleral Degeneration Duration \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

If operation, date of \_\_\_\_\_

Condition for which performed \_\_\_\_\_

Organ or part affected \_\_\_\_\_

Was there laboratory test? \_\_\_\_\_ Autopsy? \_\_\_\_\_

In case of violence state if accident, homicide or suicide \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city, county or state)

In industry, home or public place? \_\_\_\_\_

Was disease or injury related to occupation of deceased? \_\_\_\_\_

Signed A. De HaasAddress Trumbull Mich