

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

1 PLACE OF DEATH *State 3/4*
County *Caton*
Township
Village *Vermontville*

Registered No. *#1*

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

2 FULL NAME *Beverly Ann Subbs*

(a) Residence, No. (Usual place of abode.) St., Ward. (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 *Female* 4 Color or Race *White* 5 Single, Married, Widowed or Divorced (write the word.) *Infant*

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

6 DATE OF BIRTH (Month, day and year.) *3-20-1983*

7 AGE Years Months Days If LESS than 1 day, hrs. OR min.
2 11 8

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

10 NAME OF FATHER *Lawrence P. Subbs*

11 BIRTHPLACE OF FATHER (city or town) (State or country) *Vermontville Mich*

12 MAIDEN NAME OF MOTHER *Frieda Gurine*

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

14 Informant (Address) *Lawrence Subbs Vermontville Mich*

15 Filed *3/4*, 19*86* *F. P. Subbs* Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) *2/28 1986*

17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

that I last saw him alive on _____, 19____ and that death occurred on the date stated above at _____ m.

The CAUSE OF DEATH* was as follows:
Anemia

(duration) *life* yrs. mos. ds.

CONTRIBUTORY *Malnutrition* (Secondary)

(duration) _____ yrs. mos. 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) *A. C. Cheney, Coronar*, 19____, Address *Charlotte 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 *3/1 1986*

2 UNDERTAKER *R. R. Ward* Address *Vermontville*

U.S.—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.

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

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