

MARGIN RESERVED FOR BINDING

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

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
1 PLACE OF DEATH County <u>Delaware</u> Township <u>Vermontville</u> Village _____ City _____ (No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.) St. _____ Ward _____)					MICHIGAN DEPARTMENT OF HEALTH Division of Vital Statistics TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER Registered No. <u>6</u>	
2 FULL NAME <u>Alice E. Zullo</u>						
(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. (If non-resident give city or town and state)						
3 SEX <u>Female</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed or Divorced (Write the word) <u>Widowed</u>			16 DATE OF DEATH (Month, day and year) <u>Dec 8</u> 19 <u>22</u>	
5a If married, widowed or divorced HUSBAND of _____ (or) WIFE of <u>Albert Zullo</u>					17 I HEREBY CERTIFY, That I attended deceased from <u>Oct 21</u> , 19 <u>20</u> , to <u>Dec 8</u> , 19 <u>22</u> that I last saw her alive on <u>Dec 4</u> , 19 <u>22</u> and that death occurred on the date stated above at <u>2:00</u> p.m.	
6 DATE OF BIRTH (Month, day and year) <u>1851-5-25</u>					The CAUSE OF DEATH* was as follows: <u>arteria sclerosis & organic</u> <u>heart disease</u> <u>senile dementia</u>	
7 AGE Years <u>72</u>	Months <u>6</u>	Days <u>23</u>	If LESS than 1 day _____ hrs. OR _____ min.		(duration) _____ yrs. _____ mos. _____ ds.	
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer.					CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.	
9 BIRTHPLACE (city or town) (state or country) <u>Ohio</u>					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) <u>L. L. McLaughlin</u> , M. D. <u>12/8</u> , 19 <u>22</u> , Address <u>Vermontville</u>	
10 NAME OF FATHER <u>Ben Kauffman</u>					*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.	
11 BIRTHPLACE OF FATHER (city or town) (state or country) <u>unknown</u>					19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Maple Hill Elmville</u> Date of Burial <u>12/15</u> 19 <u>22</u>	
12 MAIDEN NAME OF MOTHER <u>Margaret Smalley</u>					2 UNDERTAKER <u>L. L. McLaughlin</u> Address <u>Vermontville</u>	
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <u>unknown</u>						
14 Informant <u>Erwin Zullo</u> (Address) <u>Vermontville</u>						
15 Filled <u>12/9</u> , 19 <u>22</u> <u>G. H. Lamb</u> Registrar.						