

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

1 PLACE OF DEATH  
 County Eden  
 Township Vermontville  
 Village "  
 City .....

Registered No. 1

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

2 FULL NAME Elizabeth Edna Bonall

(a) Residence No. .... 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.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) single

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

6 DATE OF BIRTH (Month, day and year) 12/1/23

7 AGE Years Months Days If LESS than 1 day.....hrs. OR.....min.  
1 11 12

8 OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work None  
 (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 Maynard Bonall

11 BIRTHPLACE OF FATHER (city or town) (state or country) Bellefontaine Michigan

12 MAIDEN NAME OF MOTHER Eva Pullman

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

14 Informant Maynard Bonall  
 (Address) Bellefontaine, N.O. #1

15 Filed 1/15, 1924 B.H. Lipp Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Jan 13 1924

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1924, to Jan 13, 1924 that I last saw h. or alive on Jan 13, 1924, and that death occurred on the date stated above at.....m.

The CAUSE OF DEATH\* was as follows:  
acute myocardial infarction with diabetes

.....(duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....(duration).....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) B. L. Oms Lipp M. D.  
1/14, 1924, Address Vermontville

\*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.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Bellefontaine Date of Burial 1/15 1924

2 UNDERTAKER B. D. Hess Address Vermontville

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 MARGIN RESERVED FOR BINDING  
 Form 93a—9-5-21—1000 Books—100 pages.