

MARGIN RESERVED FOR BINDING

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

I PLACE OF DEATH  
 County Bolt  
 Township Vermontville  
 Village 1  
 City 1

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 8

2 FULL NAME Dennis P. Smith  
 (a) Residence No. 1 St., Ward 1  
 (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 Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Ann J. Smith

6 DATE OF BIRTH (Month, day and year) 8-15 1847

7 AGE Years Months Days If LESS than 1 day.....hrs. OR.....min.  
80 4 18

8 OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housewife  
 (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) Michigan

10 NAME OF FATHER John Smith

11 BIRTHPLACE OF FATHER (city or town) (state or country) Vermont

12 MAIDEN NAME OF MOTHER Booker

13 BIRTHPLACE OF MOTHER (city or town) (state or country) New York State

14 Informant Dennis P. Smith  
 (Address) Vermontville

15 Filled 11/21, 1924 Lo. H. Lamb  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 12/30 1924

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1924, to Dec 29, 1924 that I last saw him alive on Dec 27, 1924 and that death occurred on the date stated above at 2 P. m.

The CAUSE OF DEATH\* was as follows:  
Cerebral Spasms due to arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) hypertension  
 (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?

What test confirmed diagnosis?

(Signed) L. J. Smith M. D.  
Jan 1, 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 Woodlawn Date of Burial 1/1 1924

2 UNDERTAKER Lo Lo Ross Address Vermontville