

1 PLACE OF DEATH
 County Pata
 Township Vermontville
 Village _____
 City _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 9

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

2 FULL NAME Eliza S. Thomas

(a) Residence No. _____ St., Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 19 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 Lavinci Collins

6 DATE OF BIRTH (Month, day and year) Jan 11 1852

7 AGE Years Months Days If LESS than 1 day _____ hrs. OR _____ min.
75 6 25

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Sexton
 (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) Mich.

10 NAME OF FATHER Samuel Thomas

11 BIRTHPLACE OF FATHER (city or town) (state or country) Mass.

12 MAIDEN NAME OF MOTHER Sarah Southland

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

14 Informant Mrs. John R. Ruchney
 (Address) Vermontville

15 Filed 8 18, 1924 L. H. Lamb
 Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Aug 5th 1924

17 I HEREBY CERTIFY, That I attended deceased from July 30, 1924, to Aug 4th, 1924, that I last saw him alive on Aug 4th, 1924, and that death occurred on the date stated above at 4d m.

The CAUSE OF DEATH* was as follows:
Paralysis result as a fall from load of hay.

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

CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted If not at place of death? No

Did an operation precede death? _____ Date of _____

Was there an autopsy? No

What test confirmed diagnosis?
 (Signed) L. S. Ladd, M. D.
Aug 7, 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 bedon creek. Date of Burial 8/7 1924

2 UNDERTAKER Van W. Pendell Address Vermontville, Mich.

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

MARGIN RESERVED FOR BINDING

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