

1 PLACE OF DEATH  
 County John  
 Township Vermontville  
 Village ''  
 City \_\_\_\_\_

MICHIGAN DEPARTMENT OF HEALTH  
 Division of Vital Statistics  
 TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 115

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

2 FULL NAME Blyde B. Hawkins

(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 Male 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) \_\_\_\_\_

7 AGE Years Months Days If LESS than 1 day hrs. OR min.  
3 6 13

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 \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH (Month, day and year) October 6 1924

17 I HEREBY CERTIFY, That I attended deceased from Oct 5, 1924, to Oct 6, 1924, that I last saw him alive on Oct 6, 1924 and that death occurred on the date stated above at 8 a.m.

The CAUSE OF DEATH\* was as follows:  
Laryngeal diphtheria

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.

CONTRIBUTORY (Secondary) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

9 BIRTHPLACE (city or town) (state or country) Michigan

10 NAME OF FATHER Blyde B. Hawkins

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

12 MAIDEN NAME OF MOTHER Margaret Martha

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Ontario

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) L. L. D. No. 1004 M. D. 10/7, 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.

14 Informant Blyde B. Hawkins (Address) Vermontville

15 Filled Oct 8, 1924 L. H. Paul Registrar.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn Date of Burial 10/3 1924

2 UNDERTAKER L. H. Hess Address Vermontville

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

MARGIN RESERVED FOR BINDING

Form 93a—9-5-21—1000 H—100 pages.