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CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH

Vital Records Section

State File No.

BIRTH No.

Local File No. 159

1. PLACE OF DEATH a. COUNTY Kalamazoo			2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) a. STATE Michigan b. COUNTY Kalamazoo		
b. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL AND GIVE TOWNSHIP) OR VILLAGE Richland		c. LENGTH OF STAY (IN THIS PLACE) Life	c. TOWNSHIP, CITY OR VILLAGE Richland		d. IS RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED VILLAGE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 8807 Gull Road			e. STREET ADDRESS (IF RURAL, GIVE LOCATION) 8807 Gull Road		
3. NAME OF DECEASED (TYPE OR PRINT) a. (FIRST) JAMES b. (MIDDLE) BILLINGS c. (LAST) WHITLOCK			4. DATE OF DEATH (MONTH) (DAY) (YEAR) Sept. 29 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	8. DATE OF BIRTH May 11, 1877	9. AGE (IN YEARS) (LAST BIRTHDAY) 82	IF UNDER 1 YEAR MONTHS IF UNDER 24 HRS. HOURS MIN.
10a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Hardware Dealer (Ret.)		10b. KIND OF BUSINESS OR INDUSTRY Self-Employed		11. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Richland, Mich.	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Orson K. Whitlock			
14. MOTHER'S MAIDEN NAME Nancy Hitchcock		15. NAME OF HUSBAND OR WIFE OF DECEASED Sarah Electa Whitlock			
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES OF SERVICE) No		17. SOCIAL SECURITY NO. None		18. INFORMANT'S SIGNATURE Sarah Electa Whitlock, Richland	
19. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY OR COMPLICATION WHICH CAUSED DEATH.					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH * (a) Coronary Occlusion					
INTERVAL BETWEEN ONSET AND DEATH Hrs.					
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING DUE TO (b) Coronary Artery Disease					
yrs.					
DUE TO (c) Congestive Heart Failure					
1 yr.					
19d. DATE OF OPERATION					
19e. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21b. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Coroner's Case, TO, 19, THAT I LAST SAW THE DECEASED ALIVE ON, 19, AND THAT DEATH OCCURRED AT 10:30 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
23a. SIGNATURE Edmund Talanda		23b. ADDRESS M.D. 3125 W. Main St.		23c. DATE SIGNED 9029-1959	
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		24b. DATE 10-2-1959		24c. NAME OF CEMETERY OR CREMATORY Prairie Home Cem.	
24d. LOCATION (CITY, VILLAGE, TWP., OR COUNTY) (STATE) Richland, Michigan		25. FUNERAL DIRECTOR'S SIGNATURE Lavelle Farmer Truesdale			
DATE REC'D BY LOCAL REG. Oct. 1, 1959		REGISTRAR'S SIGNATURE ANTHONY STAMM		ADDRESS Kalamazoo	

STATE OF MICHIGAN, }
COUNTY OF Kalamazoo } ss.

I, ANTHONY STAMM

Clerk of said County and Clerk of the Circuit Court for said County, the same being a Court of Record having a seal, do hereby certify that the above is a true copy of the Record of Death of JAMES BILLINGS WHITLOCK now remaining in my office, and of the whole thereof.

In Testimony Whereof, I have hereunto set my hand and affixed the

seal of the Circuit Court the 16th day of October 1959



ANTHONY STAMM

Clerk.

By Nancy Freeman Deputy Clerk.



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16. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES OF SERVICE) No None			17. SOCIAL SECURITY NO. Unknown		
18. INFORMANT'S SIGNATURE 8807 Gull Road Sarah Electa Whitlock, Richland					

19. CAUSE OF DEATH	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION	Coronary Occlusion		Hrs.

We guarantee James Billings Whitlock and James B. Whitlock was one and the same person.

C. H. Schneider & Co.

e	yrs.
ilure	1 yr.
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (SPECIFY)	21b. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	21c. (CITY, VILLAGE, OR TOWNSHIP, (COUNTY) (STATE)
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23a. SIGNATURE (DEGREE OR TITLE) Edmund Talanda M.D.	23b. ADDRESS 3125 W. Main St.	23c. DATE SIGNED 9029-1959
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	24b. DATE 10-2-1959	24c. NAME OF CEMETERY OR CREMATORY Prairie Home Cem.
24d. LOCATION (CITY, VILLAGE, TWP., OR COUNTY) (STATE) Richland, Michigan	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lavelle Farmer Truesdale Funeral Kalamazoo	

STATE OF MICHIGAN, } SS.

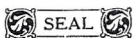
COUNTY OF Kalamazoo

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Clerk.

By Nancy Truesdale Deputy Clerk.