

CR 3128

109
WA 94
WOS

MARGIN RESERVED FOR BINDING
TYPE OR PRINT (EXCEPT SIGNATURES) IN BLACK INK—THIS IS A PERMANENT RECORD

CERTIFICATE OF DEATH										State File No.		
MICHIGAN DEPARTMENT OF HEALTH Vital Records Section										Rural		
BIRTH No.										Local File No. 322		
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) Kalamazoo					c. LENGTH OF STAY (in this place) 4 weeks		c. TOWNSHIP, (Name of) 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 Branson Hospital					e. STREET ADDRESS (If rural, give location) 8807 Gull Road							
3. NAME OF DECEASED a. (First) SARAH (Type or Print)					b. (Middle) ELECTA		c. (Last) WHITLOCK		4. DATE OF DEATH (Month) (Day) (Year) April 30 1961			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Mar. 8, 1878		9. AGE (In years last birthday) 83		If under 1 year Months Days If under 24 Hrs. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Cooper Twp., Mich.			12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Billings Crane				14. MOTHER'S MAIDEN NAME Jane Deming				15. NAME OF HUSBAND OR WIFE OF DECEASED James B. 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 NAME Mrs. Helen Rubert, Kalamazoo ADDRESS 801 Woodward						
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) Hypostatic pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) Cerebral thrombosis Cerebral arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							Interval Between Onset and Death 1 week 27 days	
19d. DATE OF OPERATION				19e. MAJOR FINDINGS OF OPERATION								
21a. ACCIDENT (Specify) SUICIDE HOMICIDE				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 OF INJURY (Month) (Day) (Year) (Hour) m. 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 April 3 , 19 61 to April 30 , 19 61 , that I last saw the deceased alive on April 29 , 19 61 , and that death occurred at 4:20 A. M., from the causes and on the date stated above.												
23a. SIGNATURE Martin Patmos (Degree or title) M.D.						23b. ADDRESS 252 E. Lovell St.			23c. DATE SIGNED May 1, 1961			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 3, 1961		24c. NAME OF CEMETERY OR CREMATORY Prairie Home			24d. LOCATION (City, village, twp., or county) (State) Richland, Michigan					
DATE REC'D BY LOCAL REG. May 2, 1961				REGISTRAR'S SIGNATURE Marie K. Filarski				25. FUNERAL DIRECTOR'S SIGNATURE Truesdale Funeral Home, Kalamazoo ADDRESS				