

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

Local File No. 113

BIRTH No.

1. PLACE OF DEATH a. COUNTY Houghton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Michigan		b. COUNTY Houghton			
b. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE Hancock		c. LENGTH OF STAY (In this place) 1 week		c. TOWNSHIP, CITY OR VILLAGE (Name of) Houghton			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Medical Center		e. STREET ADDRESS (If rural, give location) 1105 E. 5th Street					
3. NAME OF DECEASED (Type or Print) Bridget		a. (First)		b. (Middle)			
		c. (Last) Greenleaf		4. DATE OF DEATH (Month) (Day) (Year) September 8, 1962			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 30, 1886	9. AGE (In years last birthday) 75	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 Home	11. BIRTHPLACE (State or foreign country) Ireland	12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Michael O'Donnell		14. MOTHER'S MAIDEN NAME Rose Gallagher		15. NAME OF HUSBAND OR WIFE OF DECEASED George (deceased)			
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 ADDRESS Maurice Greenleaf, Dollar Bay, Mich.				
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) Adenocarcinoma of transverse colon with Generalized metastases. ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) Generalized metastases. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Interval Between Onset and Death	
19d. DATE OF OPERATION 4-25-1962		19e. MAJOR FINDINGS OF OPERATION Metastatic carcinoma to the omentum.		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
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 (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at <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 <u>4-13</u> 19 <u>62</u> to <u>9-8</u> 19 <u>62</u> , that I last saw the deceased alive on <u>9-8</u> 19 <u>62</u> , and that death occurred at <u>10:00</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) A. J. Janis, M.D.		23b. ADDRESS 208 Quincy, Hancock, Michigan		23c. DATE SIGNED 9-10-1962			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 12, 1962		24c. NAME OF CEMETERY OR CREMATORY Forest Hill			
24d. LOCATION (City, village, twp., or county) (State) Houghton, Michigan		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mort C. Plowe Jr., Houghton, Michigan					
DATE REC'D BY LOCAL REG. 9-11-1962		REGISTRAR'S SIGNATURE Roy E. Carlson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mort C. Plowe Jr., Houghton, Michigan			

STATE OF MICHIGAN }
COUNTY OF HOUGHTON }

ss:

I, Nancy Fenili, Clerk of the County of Houghton and of the Circuit Court thereof, the same being a Court of Record having a seal, do

HEREBY CERTIFY, that the foregoing is a true and correct copy of the record on file in my office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Seal of the Circuit Court, At Houghton, Michigan, this 24th day of March, 1997

Nancy Fenili Clerk

Deputy