

416212 LD 9-4761

CERTIFICATE OF DEATH

Bamber, Stodola
& Bosch

53191

Michigan Department of Public Health

DEATH REGISTRATION

DECEASED—NAME: **Persila Roberts** G. Roberts
 SEX: **Female**
 DATE OF DEATH (MONTH, DAY, YEAR): **9/20/76**

RACE (SPECIFY): **White**
 AGE—LAST BIRTHDAY (YEARS): **59**
 UNDER 1 YEAR: **MO. DATE**
 UNDER 1 DAY: **HOURS**
 DATE OF BIRTH (MONTH, DAY, YEAR): **7/17/17**
 COUNTY OF DEATH: **Ingham**

CITY, VILLAGE, OR TOWNSHIP OF DEATH: **Meridian Twp**
 INSIDE CITY LIMITS (SPECIFY YES OR NO): **No**
 HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **Ingham County Medical Care Facility**

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): **Illinois**
 CITIZEN OF WHAT COUNTRY: **USA**
 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **MARRIED**
 SURVIVING SPOUSE (IF WIFE, GIVE HER NAME): **John M.**

SOCIAL SECURITY NUMBER: **320-10-3333**
 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): **Secretary**
 KIND OF BUSINESS OR INDUSTRY: **University**

RESIDENCE—STATE: **Michigan** COUNTY: **Ingham** CITY, VILLAGE OR TOWNSHIP: **East Lansing**
 INSIDE CITY LIMITS (SPECIFY YES OR NO): **Yes** STREET AND NUMBER: **620 Baldwin Court**

FATHER—NAME: **Sveto Gavrilovich** MOTHER—MAIDEN NAME: **Roze Galenic**

INFORMANT—NAME: **Mr. John M. Roberts** MAILING ADDRESS: **620 Baldwin Court East Lansing, MI**

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

(a) **Acute cardio-respiratory failure** APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: **72 hours**

(b) **Advanced multiple sclerosis** APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: **14 years**

(c) **Residual of aspiration pneumonia** APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: **one month ago**

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE OR, STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I OR

AUTOPSY (YES OR NO): **No** IF YES WERE MINORS CONSIDERED IN DETERMINING CAUSE OF DEATH: **No**

ACCIDENT, SUICIDE, HOMICIDE, (SPECIFY): **No** DATE OF INJURY (MONTH, DAY, YEAR): **No** HOUR: **No** HOW INJURY OCCURRED (GIVE NATURE OF INJURY IN PART I OR PART II, ITEM 10): **No**

INJURY AT WORK (SPECIFY YES OR NO): **No** PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY): **No** LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE): **No**

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM: **9-15-76** TO: **9-20-76** AND LAST SAW THE DECEASED ALIVE ON: **9-20-76** DID / DID NOT VIEW THE BODY AFTER DEATH: **No** DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, BELIEF, AND TO THE CAUSES STATED: **2:30 P.M.**

CERTIFICATION—MEDICAL EXAMINER OR CORONER, ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSES STATED: **No** THE DECEASED WAS PRONOUNCED DEAD BY: **9-20-76** YEAR: **1976** HOUR: **No**

CERTIFIER—NAME (TYPE OR PRINT): **Joseph Venier M.D.** SIGNATURE: **Joseph Venier M.D.** LICENSE OR TITLE: **MD** DATE SIGNED (MONTH, DAY, YEAR): **9-21-76**

MAILING ADDRESS—CERTIFIER: **3882 Dobie Road Okemos Michigan 48864**

BURIAL, CREMATION, REMOVAL (SPECIFY): **Removal** CEMETERY OR CREMATORIUM—NAME: **Dept. of Anatomy** LOCATION: **MSU East Lansing, MI** CITY, VILLAGE, TWP. OR COUNTY: **East Lansing, MI**

DATE: **9/20/76** FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): **Michigan State University East Lansing, MI**

FUNERAL DIRECTOR—SIGNATURE: **John Strickler** REGISTRATION—SIGNATURE: **John Whitaker R.T.S.** DATE RECEIVED BY LOCAL REGISTRAR: **September 24, 1976**

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Dobsonville 617. 6253

I hereby certify that the above
is a true and correct reproduc-
tion of the document on file in
the Michigan Department of
Public Health, Lansing,
Michigan.

AUG 25 1986

CERTIFIED BY:

George Van Amburg
George Van Amburg
State Registrar