

I PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

2333
74 ✓

County Lapeer

Township _____

Village Newberry

CERTIFICATE OF DEATH

Registered No. _____

City _____ (No. _____ (if death occurred in a hospital or institution, give its NAME instead of street and number.) St. _____ Ward _____)

2 FULL NAME Victoria Rapin

JAN-9 '19

(a) Residence, No. _____ St., Ward _____ (Usual place of abode.)
Length of residence in city or town where death occurred 4 yrs. — mos. — ds. How long in U. S., if of foreign birth? 38 yrs. 0 mos. 0 ds. (If non-resident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Widow

5a If married, widowed, or divorced HUSBAND of J. B. Rapin (or) WIFE of _____

6 DATE OF BIRTH (Month, day and year) Apr. 24 - 1830

7 AGE Years 88 Months 8 Days 6 If LESS than 1 day, _____ hrs. OR _____ min.

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

9 BIRTHPLACE (city or town) (State or country) Canada

10 NAME OF FATHER Chas Lafever

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada

12 MAIDEN NAME OF MOTHER Victoria Boscouere

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

14 Informant Chas Beaulieu (Address) Newberry

15 Filed Jan 2, 1919 Newberry Mich Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Dec 30 1918

17 I HEREBY CERTIFY, That I attended deceased from August 15, 1918, to Dec. 30, 1918 that I last saw h. alive on Dec 28, 1918 and that death occurred on the date stated above at 4 P. M.

The CAUSE OF DEATH* was _____ follows:
Organic Heart Disease

(duration) _____ yrs. 79 mos. _____ ds.

CONTRIBUTORY (Secondary) Senility (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____ (Signed) J. M. Deane M. D.

Jan 2, 1919, Address Newberry Mich

*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. (See reverse side for further instructions.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Newberry, Mich Date of Burial Jan 2 1919

20 UNDERTAKER Chas Beaulieu Address Newberry

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