

Birney J Adams Death Certificate

CERTIFICATE OF DEATH				64039	
MICHIGAN DEPARTMENT OF HEALTH Vital Records Section				Local File No. 1132	
BIRTH No.					
1. PLACE OF BIRTH a. COUNTY Ingham		2. HOME RESIDENCE (Where deceased lived, if institution: residence before admission.) a. STATE Michigan		b. COUNTY Ingham	
3. CITY (If outside respective State, write RURAL, and give township) Lansing		c. LENGTH OF STAY (If State above) 2 days		4. TOWNSHIP, CITY OR VILLAGE Williamston	
5. FULL NAME OF HOSPITAL OR INSTITUTION Sparrow Hospital		6. STREET ADDRESS (If rural, give location) 301 Wallace St.		7. Is Residence within limits of a city or incorporated village? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
8. NAME OF DECEASED (Type or Print) Birney J. Adams		9. DATE OF DEATH December 14, 1956			
10. SEX Male		11. COLOR OR RACE White		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
13. AGE (In years, last birthday) 74		14. DATE OF BIRTH Sept. 21, 1882		15. AGE (In years, last birthday) at death 74	
16. OCCUPATION (Give kind of work done during most of working life, even if retired) Executive		17. KIND OF BUSINESS OR INDUSTRY Auto Wheel Mfg.		18. BIRTHPLACE (State or foreign country) Williamston, Mich.	
19. CITIZENSHIP OF WHAT COUNTRY? USA		20. FATHER'S NAME Byron J. Adams		21. MOTHER'S MARRIED NAME Winnie Rice	
22. NAME OF HUSBAND OR WIFE OF DECEASED Hazel Adams		23. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or name of service) No		24. SOCIAL SECURITY NO. 380-05-2302	
25. DECEASED'S NAME Mrs. Hazel Adams, 301 Wallace St.		26. ADDRESS Williamston, Mich.			
19. CAUSE OF DEATH Disease or condition directly leading to death - This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury or complication which caused death 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION Cerebral hemorrhage 4 days Hypertension years Arteriosclerosis years Cerebral hemorrhage Hypertension Arteriosclerosis		20. MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO b) rise to the above cause: a) stating the underlying cause last. DUE TO c) OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20a. DATE OF OPERATION 20b. MAJOR FINDINGS OF OPERATION Cerebral hemorrhage 4 days Hypertension years Arteriosclerosis years Cerebral hemorrhage Hypertension Arteriosclerosis		21. AUTOPSY Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT, SUICIDE, HOMICIDE		22. PLACE OF INJURY (e.g., at or about home, farm, factory, street, office, etc.)		23. CITY, VILLAGE, OR TOWNSHIP, COUNTY, (STATE)	
24. TIME OF INJURY		25. INJURY OCCURRED		26. HOW DID INJURY OCCUR?	
27. I hereby certify that I attended the deceased from Dec 14 1956 to Dec 14 1956 and that death occurred at 11:59 P. M. from the causes and on the date stated above.		28. SIGNATURE Edw. E. Reynolds M.D. Williamston Mich Dec 15/56		29. DATE SIGNED Dec 15/56	
30. BURIAL, CREMATION, REMOVAL (Specify) Burial		31. DATE Dec 17, 1956		32. NAME OF CEMETERY OR CREMATORY Deerpark Cemetery	
33. LOCATION (City, village, etc., or route) (State) Eaton Co. Michigan		34. REGISTRAR'S SIGNATURE William M. Brown		35. GENERAL DIRECTOR'S SIGNATURE Estes-Leadley Co. J.W. Ester Lansing, Mich.	
DATE REC'D BY LOCAL REG. 12-17-56					

TYPE OR PRINT (EXCEPT SIGNATURES) IN BLACK INK--THIS IS A PERMANENT RECORD