

CERTIFICATE OF DEATH

State File No.

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

Local File No. **148**

BIRTH No.

1 PLACE OF DEATH a. COUNTY Oakland		2 USUAL RESIDENCE (Where deceased lived if institution residence before admission) b. STATE Michigan		3 LOCAL RESIDENCE (Where deceased lived if institution residence before admission) c. COUNTY Oakland	
4 CITY (If outside corporate limits write RURAL and give township) OR VILLAGE Pontiac		5 LENGTH OF STAY (in this state) 22 yr, 3 mo, 15 da.		6 TOWNSHIP, CITY OR VILLAGE (Name of) Commerce Twp.	
7 FULL NAME OF HOSPITAL OR INSTITUTION Pontiac State Hospital		8 STREET ADDRESS Unknown		9 DATE OF DEATH July 18 1956	
10 NAME OF DECEASED HENRY PERRY		11 SEX Male		12 COLOR OR RACE White	
13 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed		14 DATE OF BIRTH July 26, 1883		15 AGE 72	
16a USUAL OCCUPATION Guard		16b KIND OF BUSINESS OR INDUSTRY Det. House of Correction		17 BIRTHPLACE (State or foreign country) Michigan	
18 CITIZEN OF WHAT COUNTRY? U.S.A.		19 FATHER'S NAME Unknown		20 MOTHER'S MAIDEN NAME Unknown	
21 WAS DECEASED EVER IN U.S. ARMED FORCES? Unknown		22 SOCIAL SECURITY NO. Unknown		23 INFORMANT'S NAME AND ADDRESS Pontiac State Hospital Records	

19 CAUSE OF DEATH 463		MEDICAL CERTIFICATION		20 AUTOPSY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypertensive cardiovascular disease		DURATION 1 mo. 19 da.			
II. ANTECEDENT CAUSES		III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Chronic mental illness			
19a DATE OF OPERATION		19b MAJOR FINDINGS OF OPERATION			

21a ACCIDENT SUICIDE HOMICIDE		21b PLACE OF INJURY		21c CITY, VILLAGE, OR TOWNSHIP Ann Arbor	
21d TIME OF INJURY		21e INJURY OCCURRED		21f HOW DID INJURY OCCUR?	
22 I hereby certify that I attended the deceased from April 3 to July 18 19 56 that I last saw the deceased alive on July 18 19 56 and that death occurred at 2 26 p.m. from the causes and on the date stated above		23a SIGNATURE <i>James H. McKeeth</i>		23b ADDRESS Pontiac State Hospital	
23c DATE SIGNED July 18, 1956		24a BURIAL, CREMATION, REMOVAL (Specify)		24b DATE	
Removal		July 19, 1956		24c NAME OF CEMETERY OR CREMATORY Medical School	
DATE REC'D BY LOCAL REG. July 18, 1956		REGISTRAR'S SIGNATURE <i>John A. La Coy</i>		24d LOCATION (City, village, twp., or county) (State) Ann Arbor Mich.	
		25 FUNERAL DIRECTOR'S SIGNATURE <i>James Snower</i>		ADDRESS 100 West Huron - Pontiac	