CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No. 38941

Local File No. 9820

1. DEATH ... Wayne	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Michigan b. COUNTY Wayne
...TY (If outside corporate limits, write RURAL and give township) OR VILLAGE Detroit c. LENGTH OF STAY (in this place) 14 Yrs.	c. TOWNSHIP, CITY OR VILLAGE (Name of) Detroit d. Is Residence within limits of a city or incorporated village? Yes [X] No [ ]
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Grace Northwest	e. STREET ADDRESS (If rural, give location) 18452 Murray Hill

3. NAME OF DECEASED (Type or Print) a. (First) Ervin b. (Middle) Fox c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) July 5, 1966			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 8, 1909	9. AGE (In years last birthday) 57 — 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) Mfg. Rep.	10b. KIND OF BUSINESS OR INDUSTRY R B Harper Co.	11. BIRTHPLACE (State or foreign country) Evansville, Ind.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Henry Fox	14. MOTHER'S MAIDEN NAME Beana Morgen	15. NAME OF HUSBAND OR WIFE OF DECEASED Helen Fox		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No	17. SOCIAL SECURITY NO. 373-10-7557	18. INFORMANT'S NAME Mrs. Helen Fox	ADDRESS 18452 Murray Hill Detroit, Mich.	

19. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c). Trials does not mean the kind of dying, such as heart failure, cerebrum, etc. It means the disease, injury or complication which caused death. 153.7

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma, Cecum and

ANTECEDENT CAUSES

Morbid conditions, if any, giving DUE TO (b) transverse colon. mice

Due to the above cause (a) stating the underlying cause last.

DUE TO (c) Metastasis to lung

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of liver

Interval Between Onset and Death

20. AUTOPSY? Yes [ ] No [X]

19a. DATE OF OPERATION June 28, 1966

19b. MAJOR FINDINGS OF OPERATION Carcinoma of large bowel and cirrhosis of liver

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

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 OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED While at Work [ ] Not While at Work [ ]

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 23, 1966, to July 4, 1966, that I last saw the deceased alive on July 3, 1966, and that death occurred at 4 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [signature]	23b. ADDRESS 16345 W. McNichols	23c. DATE SIGNED 7/7/66
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 8, 1966	24c. NAME OF CEMETERY OR CREMATORY Woodlawn
24d. LOCATION (City, village, twp., or county) (State) Detroit, Michigan		
DATE REC'D BY LOCAL REG. JUL 8 1966	REGISTRAR'S SIGNATURE John J. Hanlon M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 18900 James Couzens Wm. R. Hamilton Co. Detroit, Mich. Walter M. McGoogan

CERTIFIED
Edward S. Lawrence M.D.
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Wm. R. Hamilton Co.