

TYPE/PRINT
IN
PERMANENT
BLACK INK

LF _____
CF _____



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

3365193

NAME OF DECEDENT
For use by physician or institution

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF BIRTH (Month, Day, Year)		3. SFX	4. DATE OF DEATH (Month, Day, Year)	
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS (include AKA's if any)				6a. AGE - Last Birthday (Years)	6b. UNDER 1 YEAR MONTHS DAYS	
7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c) HOSPITAL OR OTHER INSTITUTION - Name (if not in either, give street and number and zip code)				7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH		7c. COUNTY OF DEATH
8a. CURRENT RESIDENCE - STATE	8b. COUNTY	8c. LOCALITY (check the box that describes the location) <input type="checkbox"/> CITY OR VILLAGE (make town of) <input type="checkbox"/> TOWNSHIP <input type="checkbox"/> UNINCORPORATED PLACE		8d. STREET AND NUMBER (Include Apt. No. if applicable)		
8e. ZIP CODE	9. BIRTHPLACE (City and State or Country)		10. SOCIAL SECURITY NUMBER		11. DECEDENT'S EDUCATION - What is the highest degree or level of school completed at the time of death?	
12. RACE - American Indian, White, Black, etc. (if Asian, give nationality, ie. Chinese, Filipino, Asian Indian, etc.) (Enter all that apply)		13a. ANCESTRY - Mexican, Cuban, Arab, African, English, French, Dutch, etc. (Enter all that apply) If American Indian race, enter principal tribe		13b. HISPANIC ORIGIN (Yes or No)		14. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? (yes or no)
15. USUAL OCCUPATION Give kind of work done during most of working life. Do not use retired.		16. KIND OF BUSINESS OR INDUSTRY		17. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)		18. NAME OF SURVIVING SPOUSE (if wife, give name before first married)

PARENTS

19. FATHER'S NAME (First, Middle, Last)	20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last)
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INFORMANT

21a. INFORMANT'S NAME (Type/Print)	21b. RELATIONSHIP TO DECEDENT	21c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, Zip Code)
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