# DEATH TRANSCRIPTS OF BARRY COUNTY RESIDENTS

# WHO DIED OUTSIDE BARRY COUNTY

Compiled by the Michigan Department of Health

This volume (Volume 1) begins with **Adgate**
and ends with **Byington**

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: Marilyn K. Adgate Sex: Female
Date of Death: 05/30/994 Date of Birth: 09/09/940 Age: 53
Fathers Last Name: Sprague

Place of Death
Hospital: Unknown
City: Lake Odessa County: Ionia

If Hospital: SSN: 481-50-3025

Residence
County: Barry
City: Woodland Address: 215 S. Main
Zip Code: 48897

Place of Birth: Michigan
Armed Forces: No Marital Status: Divorced
Ancestry: American Race: White
Education: High School

Underlying Cause of Death:

1749

Related Cause of Death (*)

111749
121990

Autopsy: No Findings Available: Unknown Actual Place: Home

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 36534

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

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Decedents Name: LORETTA ESTELLA ALDRICH Sex: Female
Date of Death: 10/06/993 Date of Birth: 04/21/919 Age: 74
Fathers Last Name: Springer

Place of Death
Hospital: Unknown
City: Shelby Twp County: Macomb

If Hospital: Inpatient SSN: 375-18-5083

Residence
County: Barry
City: Hastings Address: 1123 North Boltwood
Zip Code: 49058

Place of Birth: Michigan
Armed Forces: No Marital Status: Widow, Widower
Ancestry: British, Scotch, Welsh, Scotch Race: White
Education: High School

Underlying Cause of Death:

4149

Related Cause of Death (*)

114280
214149
61496

Autopsy: No Findings Available: Unknown Actual Place: Nursing Home

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 62970

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: Robert Cecil Alexander Sex: Male
Date of Death: 04/24/994 Date of Birth: 12/19/917 Age: 76
Fathers Last Name: Alexander

Place of Death
Hospital: Bronson Methodist Hospital
City: Kalamazoo County: Kalamazoo

If Hospital: Inpatient SSN: 365-12-3674

Residence
County: Barry
City: Hope Twp Address: 7878 S. Wall Lake Rd.
Zip Code: 49046

Place of Birth: Michigan
Armed Forces: Yes Marital Status: Married
Ancestry: German Race: White
Education: 09

Underlying Cause of Death:

4149

Related Cause of Death (*)

11)967
218782
314149
614019

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 23631

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: Milo Alyworth Sex: Male
Date of Death: 02/25/994 Date of Birth: 09/19/921 Age: 72
Fathers Last Name: Aylworth

Place of Death
Hospital: Butterworth Hospital
City: Grand Rapids County: Kent

If Hospital: Inpatient SSN: 364-20-0653

Residence
County: Barry
City: Rutland Twp Address: 2139 Iroquois Trail
Zip Code: 49058

Place of Birth: Michigan
Armed Forces: Yes Marital Status: Married
Ancestry: German Race: White
Education: 3 years College

Underlying Cause of Death:

410

Related Cause of Death (*)

11410
214409
612500
624442
634280

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 16784

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

03/25/97

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH
## DEATH TRANSCRIPTS
### Non-County Residents

State of Residence: Michigan

File Number: 061133

Decedents Name: Raymond E. Andrews
Sex: Male
Date of Death: 10/14/996
Date of Birth: 01/29/922
Spouses Name: Freida Pulver
SSN: 380-18-7149
Fathers Name: Clarence Andrews
Mothers Name: Grace Ketchem
Place of Birth: Indiana
Ancestry: American
Armed Forces: Yes
Race: White
Education: 11
Marital Status: Married

Place of Death
City: Battle Creek
County: Calhoun

Hospital or Other Place of Death
Battle Creek Health Systems
Patient Status: Inpatient

Residence
Address: 921 East Shore Drive Johnstown
County: Barry
City: Johnstown Twp
Zip Code: 49017

Manner of Death: Not Specified
Line 1: Arteriosclerotic Heart Disease
Line 2:
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Owner/ Operator
Industry: Bicycle Shop

07/30/98

# MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

## DEATH TRANSCRIPTS FOR 1998

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 010139

### Patient Information

Decedents Name: Frieda M. Andrews
Sex: Female
Date of Death: 02/04/1998
Date of Birth: 05/16/1922
Spouses Name:
SSN: 380-18-7634
Fathers Name: Harry Pulver
Mothers Name: Doris A. Pierce
Place of Birth: Michigan
Ancestry: German
Armed Forces: No
Race: White
Education: High School
Marital Status: Widow, Widower

### Place of Death

City: Howell
County: Livingston
Hospital or Other Place of Death: McPherson Comm Health Center
Patient Status: Inpatient

### Residence

Address: 921 East Shore Drive Johnstown
County: Barry
City: Johnstown Twp
Zip Code: 49017

### Manner of Death

Manner: Not Specified
Line 1: End Stage Copd
Line 2:
Line 3:
Line 4:

Other Conditions: Sepsis
Injury Date:
Injury Description:
Occupation: Owner/ Operator
Industry: Bicycle Shop

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: Kathryn Jane Anguilm Sex: Female
Date of Death: 08/30/993 Date of Birth: 12/19/915 Age: 77
Fathers Last Name: Foster

Place of Death
Hospital: Battle Creek Health Systems
City: Battle Creek County: Calhoun

If Hospital: Inpatient SSN: 366-09-3232

Residence
County: Barry
City: Johnstown Twp Address: 5211 Fine Lake
Zip Code: 49017

Place of Birth: Michigan
Armed Forces: No Marital Status: Married
Ancestry: British, Scotch, Welsh, Scotch Race: White
Education: High School

Underlying Cause of Death:

2028

Related Cause of Death (*)

110389
212848
312028

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 48139

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

Robert Wm Arentz
Hickory Corners

# CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No.

BIRTH No.

Local File No.

MARGIN RESERVED FOR BINDING

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

1. PLACE OF DEATH
a. COUNTY: Calhoun
b. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE: Battle Creek
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Michigan
b. COUNTY: Calhoun
c. TOWNSHIP, CITY OR VILLAGE (Name of): Battle Creek
d. Is Residence within limits of a city or incorporated village? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 114 Barney Blvd.

| 3. NAME OF DECEASED (Type or Print) a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Robert | William | Arentz | Aug | 8 | 1956 |

| 5. SEX | 6. COLOR OR RACE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE (In years last birthday) | If under 1 year: Months / Days | If under 24 Hrs.: Hours / Min. |
|---|---|---|---|---|---|---|
| M | W | Never | Aug 7 1956 | | | 16 / 21 |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| | | Michigan | U S A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | 15. NAME OF HUSBAND OR WIFE OF DECEASED |
|---|---|---|
| Robert Arentz | Dorothy Smith | |

| 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 17. SOCIAL SECURITY NO. | 18. INFORMANT'S NAME | ADDRESS |
|---|---|---|---|---|
| No | | None | | |

19. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH * (a) Bilateral Broncho Pneumonia — Interval Between Onset and Death:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) viral pneumonitis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19d. DATE OF OPERATION | 19e. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| Aug 8 '56 | | Yes ☑ No ☐ |

| 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) | 21e. INJURY OCCURRED While at Work ☐ Not While at Work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from 8/7, 19 56, to 8/8, 19 56, that I last saw the deceased alive on 8/8, 19 56, and that death occurred at 6:25 A m., from the causes and on the date stated above.

| 23a. SIGNATURE (Degree or title) | 23b. ADDRESS | 23c. DATE SIGNED |
|---|---|---|
| R. J. Campbell M.D. | Battle Creek | 8/9/56 |

| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, village, twp., or county) (State) |
|---|---|---|---|
| Burial | Aug 10, 1956 | Hickory Corners | Barry Co. Mich |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS |
|---|---|---|
| | | |

B-38

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11/27/95

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH
## DEATH TRANSCRIPT - STATE OF MICHIGAN
## NON-COUNTY RESIDENT

State: Michigan

File Number: 023163

Decedents Name: Clarence Merritt Ash
Sex: Male
Date of Death: 04/17/995
Date of Birth: 02/17/904
Spouses Name:
SSN: 297-07-2055
Fathers Name: John Ash
Mothers Name: Maude Distler
Place of Birth: Ohio
Hospital: Borgess Med Cen
Ancestry: German
Armed Forces: No
Race: White
Education: 08
Marital Status: Widow, Widower

Place of Death

City: Kalamazoo
County: Kalamazoo
If Hospital: Inpatient

Residence

Address: 89 Woods Trail Hope
County: Barry
City: Hope Twp
Zip Code: 49046

Manner of Death: Not Specified
Line 1: Myocardial Infarct
Line 2: Atherosclerotic Heart Disease
Line 3:
Line 4:
Other Conditions: Atrial Fibrillation. With Embolus To Right Leg
Injury Date:
Description of Injury:
Occupation: Heat Oven Operator
Industry: Foundry

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

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Decedents Name: Ronald Dean Avery Sex: Male
Date of Death: 06/23/993 Date of Birth: 02/25/937 Age: 56
Fathers Last Name: Avery

Place of Death
Hospital: Community Health Center of Branch County
City: Coldwater County: Branch

If Hospital: Emergency Room/Outpatient SSN: 373-38-2772

Residence
County: Barry
City: Assyria Twp Address: 7350 West Lake Rd
Zip Code: 49021

Place of Birth: Missouri
Armed Forces: No Marital Status: Married
Ancestry: British, Scotch, Welsh, Scotch Race: White
Education: High School

Underlying Cause of Death:

410

Related Cause of Death (*)

11410
214140

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: No Mode of Death: Natural

Work Injury: Location:

State File Number: 34780

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

# MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

11/16/98

## DEATH TRANSCRIPTS FOR 1998

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 031216

### Patient Information

Decedents Name: Catherine N. Azzarella
Sex: Female
Date of Death: 05/17/1998
Date of Birth: 03/16/1915
Spouses Name: None
SSN: 363-42-3960
Fathers Name: Charles Bonney
Mothers Name: Kate Blanche West
Place of Birth: Michigan
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: 10
Marital Status: Widow, Widower

### Place of Death

City: Grand Rapids
County: Kent
Hospital or Other Place of Death: Butterworth Hospital
Patient Status: Inpatient

### Residence

Address: 3668 Patterson Middleville
County: Barry
City: Middleville
Zip Code: 49333

### Manner of Death

Manner: Not Specified
Line 1: Ruptured Ventricular Septum
Line 2:
Line 3:
Line 4:

Other Conditions:
Injury Date:
Injury Description:
Occupation: General Laborer
Industry: Factory

03/25/97

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH
## DEATH TRANSCRIPTS
### Non-County Residents

State of Residence: Michigan

File Number: 034907

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Decedents Name: Gaynell Bailey
Sex: Female
Date of Death: 06/04/996
Date of Birth: 03/25/913
Spouses Name: None
SSN: 384-22-2318
Fathers Name: Newt Cole
Mothers Name: Willey Mae Salyers
Place of Birth: Kentucky
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: 11
Marital Status: Widow, Widower

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Place of Death

City: Plainwell
County: Allegan

Hospital or Other Place of Death

Nursing Home or Extended Care Facility
Patient Status: Inpatient

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Residence

Address: 12221 Marsh Road Orangeville
County: Barry
City: Orangeville Twp
Zip Code: 49344

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Manner of Death: Not Specified
Line 1: Cerebrovascular Accident
Line 2: Congestive Cardiomyopathy
Line 3: Parkinson's Disease
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Machine Operator
Industry: Manufacturing

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

Decedents Name: WILLIAM V. BAILEY
Sex: Male
Date of Death: 04/05/993 Date of Birth: 03/23/927 Age: 66
Fathers Last Name: Bailey

Place of Death
Hospital: Pipp Community Hospital
City: Plainwell County: Allegan

If Hospital: Emergency Room/Outpatient SSN: 374-20-3575

Residence
County: Barry
City: Orangeville Twp Address: 11560 West Saddler Rd.
Zip Code: 49080

Place of Birth: Ohio
Marital Status: Married
Armed Forces: Yes
Ancestry: British, Scotch, Welsh, Scotch Race: White
Education: 08

Underlying Cause of Death:

410

Related Cause of Death (*)

11410
214149
314140

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: No Mode of Death: Natural

Work Injury: Location:

State File Number: 21056

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

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Decedents Name: Bessie Ann Baker Sex: Female
Date of Death: 05/01/994 Date of Birth: 04/18/906 Age: 88
Fathers Last Name: Force

Place of Death
Hospital: Unknown
City: Battle Creek County: Calhoun

If Hospital: Inpatient SSN: 367-26-8746

Residence
County: Barry
City: Baltimore Twp Address: 2751 E. Dowling Road
Zip Code: 49058

Place of Birth: Michigan
Armed Forces: No Marital Status: Divorced
Ancestry: American Race: White
Education: High School

Underlying Cause of Death:

410

Related Cause of Death (*)

11410
214140
61486
627331
637330

Autopsy: No Findings Available: Unknown Actual Place: Nursing Home

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 28805

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

12/02/97

# MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
## DEATH TRANSCRIPTS
### County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 021434

## Patient Information

Decedents Name: Henry Francis Baker
Sex: Male
Date of Death: 04/23/997
Date of Birth: 10/08/921
Spouses Name: Janet Watters
SSN: 375-16-2305
Fathers Name: Arthur A. Baker
Mothers Name: Catherine Cyra
Place of Birth: Michigan
Ancestry: German
Armed Forces: Yes
Race: White
Education: 10
Marital Status: Married

## Place of Death

City: Bedford Twp.
County: Calhoun
Hospital or Other Place of Death: VA Medical Center - Battle Creek
Patient Status: Inpatient

## Residence

Address: 6742 Island Ave. Barry
County: Barry
City: Barry Twp
Zip Code: 49046

## Manner of Death

Manner: Not Specified
Line 1: Small Cell Carcinoma Of Lung
Line 2:
Line 3:
Line 4:

Other Conditions:
Injury Date:
Injury Description:
Occupation: Painter
Industry: Commercial/painting

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: Olley Charles Baker Sex: Male
Date of Death: 07/07/994 Date of Birth: 12/01/909 Age: 84
Fathers Last Name: Baker

Place of Death
Hospital: VA Medical Center - Battle Creek
City: Bedford Twp County: Calhoun

If Hospital: Inpatient SSN: 399-09-3303

Residence
County: Barry
City: Barry Twp Address: 11577 Scott Park Rd.
Zip Code: 49046

Place of Birth: Missouri
Armed Forces: Yes Marital Status: Married
Ancestry: Irish Race: White
Education: 2 years College

Underlying Cause of Death:

436

Related Cause of Death (*)

11436
614280
624140

Autopsy: No Findings Available: Unknown Actual Place: Other Instituti

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 42082

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

09/17/97

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH
## DEATH TRANSCRIPTS

State of Residence: Michigan

File Number: 008264

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Decedents Name: Helen I. Barlow
Sex: Female
Date of Death: 02/07/997
Date of Birth: 06/11/939
Spouses Name: Donald Barlow
SSN: 376-40-0717
Fathers Name: Kenneth Clark
Mothers Name: Ioleen Newton
Place of Birth: Michigan
Ancestry: American
Armed Forces: No
Race: White
Education: High School
Marital Status: Married

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Place of Death
City: Battle Creek
County: Calhoun

Hospital or Other Place of Death
Battle Creek Health Systems
Patient Status: Inpatient

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Residence
Address: 7307 Thornapple Lake Rd. Castleton
County: Barry
City: Castleton Twp
Zip Code: 49073

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Manner of Death: Not Specified
Line 1: Cancer Of Intestine
Line 2:
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Bus Driver
Industry: Schools

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: Janet Lyn Barnes Sex: Female
Date of Death: 07/02/993 Date of Birth: 10/27/953 Age: 39
Fathers Last Name: Carnell

Place of Death
Hospital: Borgess Med Cen
City: Kalamazoo County: Kalamazoo

If Hospital: Inpatient SSN: 371-62-9178

Residence
County: Barry
City: Johnstown Twp Address: 15230 Banfield Road
Zip Code: 49017

Place of Birth: Michigan
Armed Forces: No Marital Status: Married
Ancestry: British, Scotch, Welsh, Scotch Race: White
Education: 2 years College

Underlying Cause of Death:

410

Related Cause of Death (*)

11410
214299
314149
414275

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Yes Mode of Death: Natural

Work Injury: Location:

State File Number: 42714

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

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Decedents Name: Stanley James Barnhart Sex: Male
Date of Death: 01/27/993 Date of Birth: 01/12/925 Age: 68
Fathers Last Name: Barnhart

Place of Death
Hospital: Sparrow, Edward W Hospital
City: Lansing County: Ingham

If Hospital: Inpatient SSN: 368-22-1143

Residence
County: Barry
City: Woodland Twp Address: 616 Eagle Point Road
Zip Code: 48849

Place of Birth: Michigan
Armed Forces: Yes Marital Status: Married
Ancestry: North African Race: White
Education: High School

Underlying Cause of Death:

4149

Related Cause of Death (*)

114275
214149

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 8141

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

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Decedents Name: HENRY ALBERT BARRICK Sex: Male
Date of Death: 03/22/993 Date of Birth: 11/08/963 Age: 29
Fathers Last Name: Barrick

Place of Death
Hospital: Battle Creek Health Systems
City: Battle Creek County: Calhoun

If Hospital: Inpatient SSN: 365-90-8426

Residence
County: Barry
City: Assyria Twp Address: 9040 Butler Road
Zip Code: 49073

Place of Birth: Florida
Armed Forces: No Marital Status: Never Married
Ancestry: American Race: White
Education: High School

Underlying Cause of Death:

5609

Related Cause of Death (*)

110389
21)973
618789
625609
63(54
648199

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 14026

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

11/27/95

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH
## DEATH TRANSCRIPT - STATE OF MICHIGAN
## NON-COUNTY RESIDENT

State: Michigan

File Number: 007788

Decedents Name: Arlene Wilson Barrus
Sex: Female
Date of Death: 02/09/995
Date of Birth: 11/12/920
Spouses Name:
SSN: 364-46-0256
Fathers Name: Walter E. Brown
Mothers Name: Clara Houghtalin
Place of Birth: District of Columbia
Hospital: Unknown
Ancestry: Other Western European
Armed Forces: No
Race: White
Education: High School
Marital Status: Widow, Widower

Place of Death

City: Battle Creek
County: Calhoun
If Hospital: Inpatient

Residence

Address: 11989 S Circle Drive Delton
County: Barry
City: Barry Twp
Zip Code: 49046

Manner of Death: Not Specified
Line 1: M.i.
Line 2:
Line 3:
Line 4:
Other Conditions: Osteoarthritis, Chf, Hypertension, Ashd, Copd, Extreme Obesity, Stasis Dermatitis, Stage Ii Sacral Decubitus.
Injury Date:
Description of Injury:
Occupation: Secretary
Industry: Hospital

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: EUGENE D. BARTELS Sex: Male
Date of Death: 08/06/993 Date of Birth: 07/30/923 Age: 70
Fathers Last Name: BARTELS

Place of Death
Hospital: Unknown
City: Comstock Twp County: Kalamazoo

If Hospital: SSN: 364-22-5302

Residence
County: Barry
City: Prairieville Twp Address: 10614 PEACHTREE
Zip Code: 49080

Place of Birth: Michigan
Armed Forces: Yes Marital Status: Never Married
Ancestry: German Race: White
Education: High School

Underlying Cause of Death:

8120

Related Cause of Death (*)

11(69
618120

Autopsy: No Findings Available: Unknown Actual Place: Other

Medical Examiner Case: No Mode of Death: Accident

Work Injury: No Location: Unknown

State File Number: 49544

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

# MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

12/02/97

## DEATH TRANSCRIPTS

**County of Residence <> County of Occurrence**

State of Residence: Michigan

File Number: 022933

### Patient Information

Decedents Name: Elsie M. Bartlett
Sex: Female
Date of Death: 03/30/997
Date of Birth: 12/28/911
Spouses Name: None
SSN: 368-18-8645
Fathers Name: Edgar Armstrong
Mothers Name: Mae Johnston
Place of Birth: Michigan
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: 11
Marital Status: Widow, Widower

### Place of Death

City: Grand Rapids
County: Kent
Hospital or Other Place of Death:
St Mary's Health Services - Grand Rapids
Patient Status: Inpatient

### Residence

Address: 950 Patterson Rd. Yankee
County: Barry
City: Yankee Springs Twp
Zip Code: 49348

### Manner of Death

Manner: Not Specified
Line 1: Cardiovascular Collapse
Line 2: Sepsis
Line 3: Bacterial Peritonitis
Line 4: Evaluation Of Anemia

Other Conditions: Chronic Obstructive Pulmonary Disease
Injury Date:
Injury Description:
Occupation: Clerk
Industry: Department Store

03/27/98

# MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
## DEATH TRANSCRIPTS

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 068340

---

### Patient Information

Decedents Name: Gerald Ray Bates
Sex: Male
Date of Death: 10/30/997
Date of Birth: 11/12/924
Spouses Name: Mardelle Harms
SSN: 356-24-5319
Fathers Name: Erwin Bates
Mothers Name: Florence Schneider
Place of Birth: Michigan
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: 5 years of college
Marital Status: Married

---

### Place of Death

City: Charlotte
County: Eaton
Hospital or Other Place of Death: Not Classifiable
Patient Status:

---

### Residence

Address: 10600 Jordan Rd. Woodland
County: Barry
City: Woodland Twp
Zip Code: 48849

---

### Manner of Death

Manner: Not Specified
Line 1: Mesothelioma
Line 2:
Line 3:
Line 4:

Other Conditions: Atrial Fibrillation;hypertension
Injury Date:
Injury Description:
Occupation: Clergyman
Industry: United Methodist Church

03/25/97

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH
## DEATH TRANSCRIPTS
### Non-County Residents

State of Residence: Michigan

File Number: 030118

---

Decedents Name: Fred Alden Baughman
Sex: Male
Date of Death: 04/26/996
Date of Birth: 04/19/907
Spouses Name: Nettie Isabelle Loring
SSN: 364-46-0031
Fathers Name: Charles Baughman
Mothers Name: Sarah Kink
Place of Birth: Michigan
Ancestry: German
Armed Forces: No
Race: White
Education: 3 years College
Marital Status: Married

---

Place of Death

City: East Grnd Rapids
County: Kent

Hospital or Other Place of Death

Blodgett Mem Med Cen
Patient Status: Emergency Room/Outpatient

---

Residence

Address: 1031 Village Drive Hastings
County: Barry
City: Hastings
Zip Code: 49058

---

Manner of Death: Not Specified

Line 1: Coronary Artery Disease

Line 2: Sudden Cardiac Death

Line 3:

Line 4:

Other Conditions:

Injury Date:

Description of Injury:

Occupation: Chief Meteorologist

Industry: Weather Bureau Us Department O

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: James Robert Beacham Sex: Male
Date of Death: 10/25/993 Date of Birth: 05/15/908 Age: 85
Fathers Last Name: Beacham

Place of Death
Hospital: Borgess Med Cen
City: Kalamazoo County: Kalamazoo

If Hospital: Inpatient SSN: 368-03-0454

Residence
County: Barry
City: Hope Twp Address: 1087 Wall Lake Drive
Zip Code: 49046

Place of Birth: Virginia
Armed Forces: Yes Marital Status: Married
Ancestry: British, Scotch, Welsh, Scotch Race: White
Education: High School

Underlying Cause of Death:

5305

Related Cause of Death (*)

11486
212639
315305

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 62062

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: HOMER H. BAUM Sex: Male
Date of Death: 11/28/993 Date of Birth: 06/30/931 Age: 62
Fathers Last Name: Baum

Place of Death
Hospital: Blodgett Mem Med Cen
City: East Grnd Rapids County: Kent

If Hospital: Inpatient SSN: 384-28-7678

Residence
County: Barry
City: Hastings Address: 710 E. Grant Street
Zip Code: 49058

Place of Birth: Michigan
Armed Forces: Yes Marital Status: Married
Ancestry: German Race: White
Education: 09

Underlying Cause of Death:

4140

Related Cause of Death (*)

114140
124149
214439

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 75906

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

03/25/97

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH
## DEATH TRANSCRIPTS
### Non-County Residents

State of Residence: Michigan

File Number: 023201

---

Decedents Name: Charles W. Beadle
Sex: Male
Date of Death: 04/21/996
Date of Birth: 05/12/938
Spouses Name:
SSN: 372-36-7422
Fathers Name: Allen W. Beadle
Mothers Name: Lillian M. Ward- Cummings
Place of Birth: Michigan
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: Yes
Race: White
Education: 11
Marital Status: Widow, Widower

---

Place of Death

City: Grand Rapids
County: Kent

Hospital or Other Place of Death

Butterworth Hospital
Patient Status: Inpatient

---

Residence

Address: 5100 W. State Rd. Irving
County: Barry
City: Irving Twp
Zip Code: 49333

---

Manner of Death: Not Specified
Line 1: Bilateral Bronchopneumonia
Line 2:
Line 3:
Line 4:
Other Conditions: Crohn's Disease; Short Bowel Syndrome
Injury Date:
Description of Injury:
Occupation: Salesman
Industry: Groceries

03/25/97

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH
## DEATH TRANSCRIPTS
### Non-County Residents

State of Residence: Michigan

File Number: 049627

---

Decedents Name: Irving L. Bean
Sex: Male
Date of Death: 08/07/996
Date of Birth: 10/10/908
Spouses Name: Martha Anne Williams
SSN: 368-03-6864
Fathers Name: John Wesley Bean
Mothers Name: Carrie Belle Tappan
Place of Birth: Michigan
Ancestry: German
Armed Forces: No
Race: White
Education: 4 years of college
Marital Status: Married

---

Place of Death

City: Kalamazoo
County: Kalamazoo

Hospital or Other Place of Death

Borgess Med Cen
Patient Status: Inpatient

---

Residence

Address: 15864 Williams Road Barry
County: Barry
City: Barry Twp
Zip Code: 49060

---

Manner of Death: Not Specified
Line 1: Sepsis
Line 2: Pneumonia
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Accountant
Industry: Education

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: George C. Bedford Sex: Male
Date of Death: 08/13/993 Date of Birth: 03/31/922 Age: 71
Fathers Last Name: Bedford

Place of Death
Hospital: Mecosta County Gen Hospital
City: Big Rapids County: Mecosta

If Hospital: Emergency Room/Outpatient SSN: 379-14-6543

Residence
County: Barry
City: Hope Twp Address: 3020 Thorpe Rd.
Zip Code: 49046

Place of Birth: Michigan
Armed Forces: Yes Marital Status: Married
Ancestry: British, Scotch, Welsh, Scotch Race: White
Education: High School

Underlying Cause of Death:

4292

Related Cause of Death (*)

114275
214284

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 50646

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

03/25/97

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH
## DEATH TRANSCRIPTS
### Non-County Residents

State of Residence: Michigan

File Number: 002817

---

Decedents Name: Marjorie L. Belanger
Sex: Female
Date of Death: 01/14/996
Date of Birth: 01/19/928
Spouses Name:
SSN: 385-24-0950
Fathers Name: Claude Crowe
Mothers Name: Mable Quible
Place of Birth: Michigan
Ancestry: Irish
Armed Forces: No
Race: White
Education: 10
Marital Status: Widow, Widower

---

Place of Death
City: Grand Rapids
County: Kent
Hospital or Other Place of Death
Nursing Home or Extended Care Facility
Patient Status: Inpatient

---

Residence
Address: 177 Lem Paul Middleville
County: Barry
City: Middleville
Zip Code: 49333

---

Manner of Death: Not Specified
Line 1: Respiratory Acidosis
Line 2: Severe Chronic Obstructive Pulmonary Disease
Line 3:
Line 4:
Other Conditions: Uterine Cancer
Injury Date:
Description of Injury:
Occupation: Waitress
Industry: Restaurant-tavern

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: Evelyn W. Belson Sex: Female
Date of Death: 01/22/994 Date of Birth: 01/11/913 Age: 81
Fathers Last Name: Steele

Place of Death
Hospital: St Mary's Health Services - Grand Rapids
City: Grand Rapids County: Kent

If Hospital: Inpatient SSN: 365-34-4372

Residence
County: Barry
City: Hastings Address: 419 West Colfax Street
Zip Code: 49058

Place of Birth: Michigan
Armed Forces: No Marital Status: Married
Ancestry: British, Scotch, Welsh, Scotch Race: White
Education: High School

Underlying Cause of Death:

4329

Related Cause of Death (*)

114329

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 3197

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: Ross John Belson Sex: Male
Date of Death: 08/08/994 Date of Birth: 01/21/910 Age: 84
Fathers Last Name: Belson

Place of Death
Hospital: Unknown
City: Grand Rapids County: Kent

If Hospital: Inpatient SSN: 364-24-3503

Residence
County: Barry
City: Rutland Twp Address: 3003 Gun Lake Road
Zip Code: 49058

Place of Birth: Michigan
Armed Forces: No Marital Status: Married
Ancestry: British, Scotch, Welsh, Scotch Race: White
Education: 10

Underlying Cause of Death:

7991

Related Cause of Death (*)

117991

Autopsy: No Findings Available: Unknown Actual Place: Nursing Home

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 49961

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

11/27/95

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH
## DEATH TRANSCRIPT - STATE OF MICHIGAN
## NON-COUNTY RESIDENT

State: Michigan

File Number: 016150

Decedents Name: Cody Ray Berg
Sex: Male
Date of Death: 03/16/995
Date of Birth: 03/16/995
Spouses Name:
SSN:
Fathers Name: Andrew Mark Berg
Mothers Name: Betty Jo Drewyor
Place of Birth: Michigan
Hospital: Bronson Methodist Hospital
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: Unknown
Marital Status: Never Married

Place of Death

City: Kalamazoo
County: Kalamazoo
If Hospital: Inpatient

Residence

Address: 6401 Marsh Rd. Orangeville
County: Barry
City: Orangeville Twp
Zip Code: 49344

Manner of Death: Not Specified
Line 1: Asphyxia
Line 2: Pulmonary Hypoplasia
Line 3: Large Omphalocele;polyhydramnios
Line 4: Problem Delivery
Other Conditions:
Injury Date:
Description of Injury:
Occupation: N/a
Industry: N/a

11/29/95

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH
## DEATH TRANSCRIPT - STATE OF MICHIGAN
## NON-COUNTY RESIDENT

State: Michigan

File Number: 021856

Decedents Name: Emmet Leroy Bird
Sex: Male
Date of Death: 04/13/995
Date of Birth: 10/07/910
Spouses Name: Arletha M. Stiles
SSN: 366-07-3610
Fathers Name: Elmor Otis Bird
Mothers Name: Edna Blanche Barlow
Place of Birth: Michigan
Hospital: Battle Creek Health Systems
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: 10
Marital Status: Married

Place of Death

City: Battle Creek
County: Calhoun
If Hospital: Inpatient

Residence

Address: 701 East Bristol Road Johnstown
County: Barry
City: Johnstown Twp
Zip Code: 49046

Manner of Death: Not Specified
Line 1: Sepsis
Line 2:
Line 3:
Line 4:
Other Conditions: Myelodysplasia
Injury Date:
Description of Injury:
Occupation: Millwright
Industry: Cereal Factory

03/27/98

# MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
## DEATH TRANSCRIPTS

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 069569

### Patient Information

Decedents Name: Nancy Lou Bishop
Sex: Female
Date of Death: 11/12/997
Date of Birth: 07/31/941
Spouses Name: Roswell P. Bishop
SSN: 366-44-1315
Fathers Name: Herman L. Putsch
Mothers Name: Frances B. Speck
Place of Birth: Michigan
Ancestry: German
Armed Forces: No
Race: White
Education: 5 years of college
Marital Status: Married

### Place of Death

City: Grand Rapids
County: Kent
Hospital or Other Place of Death: Butterworth Hospital
Patient Status: Inpatient

### Residence

Address: 3 Market St. Middleville
County: Barry
City: Middleville
Zip Code: 49333

### Manner of Death

Manner: Not Specified
Line 1: Pneumonia
Line 2: Immunocompromised State
Line 3: Pulmonary Fibrosis
Line 4:

Other Conditions: Systemic Hypertension, Hyperglycemia
Injury Date:
Injury Description:
Occupation: School Teacher
Industry: Education

01/15/98

# MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
## DEATH TRANSCRIPTS
### County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 048173

## Patient Information

Decedents Name: Darlene A. Bissett
Sex: Female
Date of Death: 08/05/997
Date of Birth: 09/02/942
Spouses Name: Norman J. Bissett
SSN: 371-42-4037
Fathers Name: Paul M. Barnard
Mothers Name: Mildred Holden
Place of Birth: Michigan
Ancestry: Irish
Armed Forces: No
Race: White
Education: 10
Marital Status: Married

## Place of Death

City: Battle Creek
County: Calhoun
Hospital or Other Place of Death: Battle Creek Health Systems
Patient Status: Inpatient

## Residence

Address: 14500 Hutchinson Road
County: Barry
City: Johnstown Twp
Zip Code: 49017

## Manner of Death

Manner: Not Specified
Line 1: Asystole
Line 2: Left Ventricular Dysfunction
Line 3: Acute Coronary Ischemia
Line 4:

Other Conditions:
Injury Date:
Injury Description:
Occupation: Homemaker
Industry: Own Home

03/25/97

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH
## DEATH TRANSCRIPTS
### Non-County Residents

State of Residence: Michigan

File Number: 002608

---

Decedents Name: Carolyn A. Blaisdell
Sex: Female
Date of Death: 01/27/996
Date of Birth: 03/12/940
Spouses Name: Donald K. Blaisdell
SSN: 375-40-3814
Fathers Name: Paul Ayres
Mothers Name: Goldie Pendill
Place of Birth: Michigan
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: High School
Marital Status: Married

---

Place of Death
City: Kalamazoo
County: Kalamazoo
Hospital or Other Place of Death
Borgess Med Cen
Patient Status: Inpatient

---

Residence
Address: 11335 South West Shore DrBarry
County: Barry
City: Barry Twp
Zip Code: 49046

---

Manner of Death: Not Specified
Line 1: Anoxic Encephalopathy
Line 2: Ventricular Fibrillation
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Homemaker
Industry: Own Home

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: Clare Allen Blanchard Sex: Male
Date of Death: 07/10/993 Date of Birth: 11/12/936 Age: 56
Fathers Last Name: Blanchard

Place of Death
Hospital: Borgess Med Cen
City: Kalamazoo County: Kalamazoo

If Hospital: Inpatient SSN: 366-36-2271

Residence
County: Barry
City: Barry Twp Address: 10741 E. Shore Drive
Zip Code: 49046

Place of Birth: Michigan
Armed Forces: No Marital Status: Married
Ancestry: American Race: White
Education: 11

Underlying Cause of Death:

4275

Related Cause of Death (*)

114275
214299

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 42736

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

08/26/98

# MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
## DEATH TRANSCRIPTS FOR 1998
County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 017008

---

### Patient Information

Decedents Name: Robert F. Boehm
Sex: Male
Date of Death: 02/28/1998
Date of Birth: 12/08/1928
Spouses Name: Reid Mac Millan
SSN: 137-22-9831
Fathers Name: Frederick Boehm
Mothers Name: Helen E. Bruns
Place of Birth: New Jersey
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: Yes
Race: White
Education: 5 years of college
Marital Status: Married

---

### Place of Death

City: Kalamazoo
County: Kalamazoo
Hospital or Other Place of Death: Bronson Methodist Hospital
Patient Status: Inpatient

---

### Residence

Address: 11275 Long Point Prairieville
County: Barry
City: Prairieville Twp
Zip Code: 49080

---

### Manner of Death

Manner: Not Specified
Line 1: Sepsis With Multi Organ System Failure
Line 2:
Line 3:
Line 4:

Other Conditions:
Injury Date:
Injury Description:
Occupation: Sales Manager
Industry: Drug Industry

09/17/97

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH
## DEATH TRANSCRIPTS

State of Residence: Michigan

File Number: 003032

---

Decedents Name: Russell L. Blough
Sex: Male
Date of Death: 01/09/997
Date of Birth: 09/22/920
Spouses Name: Barbara J. Bliss
SSN: 379-14-5529
Fathers Name: Roy Blough
Mothers Name: Beatrice Clum
Place of Birth: Michigan
Ancestry: German
Armed Forces: Yes
Race: White
Education: 08
Marital Status: Married

---

Place of Death

City: Grand Rapids
County: Kent

Hospital or Other Place of Death

Unknown
Patient Status: Unknown

---

Residence

Address: 4777 Barber Road, Lot #20Carlton
County: Barry
City: Carlton Twp
Zip Code: 49058

---

Manner of Death: Not Specified
Line 1: Carcinomatosis
Line 2: Metastatic Carcinoma Of Lung
Line 3:
Line 4:
Other Conditions: Coronary Artery Disease
Injury Date:
Description of Injury:
Occupation: Self Employed
Industry: Logging

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: MILTON J. BOGARDUS Sex: Male
Date of Death: 11/26/993 Date of Birth: 08/12/910 Age: 83
Fathers Last Name: BOGARDUS

Place of Death
Hospital: Unknown
City: Grand Rapids County: Kent

If Hospital: Inpatient SSN: 368-09-0043

Residence
County: Barry
City: Middleville Address: 5740 SOLOMON
Zip Code: 49333

Place of Birth: Indiana
Armed Forces: No Marital Status: Widow, Widower
Ancestry: Other Western European Race: White
Education: 10

Underlying Cause of Death:

486

Related Cause of Death (*)

11486
614140
62496
637845

Autopsy: No Findings Available: Unknown Actual Place: Nursing Home

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 76015

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

# MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

08/26/98

## DEATH TRANSCRIPTS FOR 1998

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 017577

### Patient Information

Decedents Name: Gladys June Bolo
Sex: Female
Date of Death: 03/30/1998
Date of Birth: 06/06/1922
Spouses Name:
SSN: 385-18-5157
Fathers Name: Arthur Bassett
Mothers Name: Hazel French
Place of Birth: Michigan
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: High School
Marital Status: Widow, Widower

### Place of Death

City: Grand Rapids
County: Kent
Hospital or Other Place of Death:
Kent Comm Hospital Complex
Patient Status: Inpatient

### Residence

Address: 703 E. Colfax Street Hastings
County: Barry
City: Hastings
Zip Code: 49058

### Manner of Death

Manner: Not Specified
Line 1: Congestive Heart Failure
Line 2: Coronary Artery Disease
Line 3:
Line 4:

Other Conditions: Depression. Polymyalgia Rheumatica. Osteoarthritis
Injury Date:
Injury Description:
Occupation: Librarian
Industry: School Library

03/25/97

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH
## DEATH TRANSCRIPTS
### Non-County Residents

State of Residence: Michigan

File Number: 054622

---

Decedents Name: Suzann Marie Borgman
Sex: Female
Date of Death: 09/11/996
Date of Birth: 08/16/948
Spouses Name: Earl Borgman
SSN: 385-50-5420
Fathers Name: John Edward Steve
Mothers Name: Marjorie Bell Pierce
Place of Birth: Michigan
Ancestry: German
Armed Forces: No
Race: White
Education: 2 years College
Marital Status: Married

---

Place of Death
City: Battle Creek
County: Calhoun

Hospital or Other Place of Death
Enroute to Hospital
Patient Status: DOA with hospital name

---

Residence
Address: 12751 Bedford Road Johnstown
County: Barry
City: Johnstown Twp
Zip Code: 49017

---

Manner of Death: Not Specified
Line 1: Pulmonary Emboli
Line 2: ( Probable ) Deep Vein Thrombosis
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Accounting Clerk
Industry: Hospital

04/17/96

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH
## DEATH TRANSCRIPTS
### Non-County Residents

State of Residence: Michigan

File Number: 056657

---

Decedents Name: Alice May Boulter
Sex: Female
Date of Death: 07/26/995
Date of Birth: 07/28/934
Spouses Name: Robert Boulter
SSN: 383-50-1174
Fathers Name: James Hermenitt
Mothers Name: Mary Zimmerman
Place of Birth: Michigan
Ancestry: Other Western European
Armed Forces: No
Race: White
Education: High School
Marital Status: Married

---

Place of Death
City: Grand Rapids
County: Kent

Hospital or Other Place of Death
St Mary's Health Services - Grand Rapids
Patient Status: Inpatient

---

Residence
Address: 7028 Lindsey Rd. Orangeville
County: Barry
City: Orangeville Twp
Zip Code: 49046

---

Manner of Death: Not Specified
Line 1: Hypertensive Cardiovascular Disease
Line 2:
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Homemaker
Industry: Own Home

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: MAX L. BOWER Sex: Male
Date of Death: 07/05/993 Date of Birth: 12/23/919 Age: 73
Fathers Last Name: Bower

Place of Death
Hospital: Borgess Med Cen
City: Kalamazoo County: Kalamazoo

If Hospital: Inpatient SSN: 369-12-5671

Residence
County: Barry
City: Hope Twp Address: 9521 Kingsbury Rd.
Zip Code: 49046

Place of Birth: Indiana
Armed Forces: No Marital Status: Married
Ancestry: German Race: White
Education: 11

Underlying Cause of Death:

1629

Related Cause of Death (*)

111629
121983

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 42718

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: Suzanne Kay Bowers Sex: Female
Date of Death: 10/14/994 Date of Birth: 11/23/964
Fathers Name: Ellsworth D. Crandall
Mothers Name: Doris J. Katz
Spouses Name:

Place of Death
Hospital: Unknown
City: Cooper Twp County: Kalamazoo

If Hospital: SSN: 369-82-4012

Residence
County: Barry
City: Prairieville Twp Address: 12549 Burchette Road
Zip Code: 49070

Place of Birth: Michigan
Armed Forces: No Marital Status: Divorced
Ancestry: German Race: White
Education: 2 years College

Underlying Cause of Death:

8121

Related Cause of Death (*)

11(69
618121

Autopsy: No Findings Available: Unknown Actual Place: Other

Medical Examiner Case: No Mode of Death: Accident

Work Injury: No Location: Street and Highway

State File Number: 063179

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

04/28/97

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH
## DEATH TRANSCRIPTS
### Non-County Residents

State of Residence: Michigan

File Number: 076581

---

Decedents Name: Calvin Floyd Bowman
Sex: Male
Date of Death: 12/27/996
Date of Birth: 01/27/924
Spouses Name: Jeanette Baas
SSN: 364-24-6866
Fathers Name: John Bowman
Mothers Name: Virginia Hughes
Place of Birth: Michigan
Ancestry: German
Armed Forces: Yes
Race: White
Education: 10
Marital Status: Married

---

Place of Death
City: Grand Rapids
County: Kent

Hospital or Other Place of Death
Nursing Home or Extended Care Facility
Patient Status: Inpatient

---

Residence
Address: 11786 Ford's Point Prairieville
County: Barry
City: Prairieville Twp
Zip Code: 49080

---

Manner of Death: Not Specified
Line 1: Marked Dehydration
Line 2: Severe Dementia
Line 3: Depression
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Truck Driver
Industry: Paper Company

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: Francis Hugh Boyle Sex: Male
Date of Death: 08/06/993 Date of Birth: 08/21/918 Age: 74
Fathers Last Name: Boyle

Place of Death
Hospital: Borgess Med Cen
City: Kalamazoo County: Kalamazoo

If Hospital: Emergency Room/Outpatient SSN: 384-09-8273

Residence
County: Barry
City: Prairieville Twp Address: 10597 Peachtree Street
Zip Code: 49080

Place of Birth: Michigan
Armed Forces: Yes Marital Status: Married
Ancestry: Irish Race: White
Education: 08

Underlying Cause of Death:

8129

Related Cause of Death (*)

11(69
618129

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: No Mode of Death: Accident

Work Injury: No Location: Street and Highway

State File Number: 49455

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: George M. Brace Sex: Male
Date of Death: 11/13/994 Date of Birth: 05/06/927
Fathers Name: George L. Brace
Mothers Name: Violet Nestel
Spouses Name: Hilma Roelofs

Place of Death
Hospital: VA Med Cen - Ann Arbor
City: Ann Arbor County: Washtenaw

If Hospital: Inpatient SSN: 378-22-6332

Residence
County: Barry
City: Hastings Twp Address: 121 Thornapple Lake Road
Zip Code: 49073

Place of Birth: Michigan
Armed Forces: Yes Marital Status: Married
Ancestry: American Race: White
Education: 08

Underlying Cause of Death:

1629

Related Cause of Death (*)

11486
211629
611977
621988

Autopsy: No Findings Available: No Actual Place: Other Institution

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 072879

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: Agnes Louise Brady Sex: Female
Date of Death: 01/12/994 Date of Birth: 01/07/917 Age: 77
Fathers Last Name: Seitler

Place of Death
Hospital: Battle Creek Health Systems
City: Battle Creek County: Calhoun

If Hospital: Inpatient SSN: 369-48-5150

Residence
County: Barry
City: Assyria Twp Address: 9435 E. Baseline Rd.
Zip Code: 49017

Place of Birth: Michigan
Armed Forces: No Marital Status: Married
Ancestry: British, Scotch, Welsh, Scotch Race: White
Education: 08

Underlying Cause of Death:

4140

Related Cause of Death (*)

110389
214140

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 1404

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

03/25/97

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH
## DEATH TRANSCRIPTS
### Non-County Residents

State of Residence: Michigan

File Number: 036596

---

Decedents Name: Richard D. Bradley
Sex: Male
Date of Death: 06/03/996
Date of Birth: 06/22/928
Spouses Name: Marcele E. Doud
SSN: 367-26-7654
Fathers Name: Donald Bradley
Mothers Name: Dorothy Martin
Place of Birth: Michigan
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: High School
Marital Status: Married

---

Place of Death

City: East Grnd Rapids
County: Kent

Hospital or Other Place of Death

Blodgett Mem Med Cen
Patient Status: Inpatient

---

Residence

Address: 1149 Hillview Drive Hastings
County: Barry
City: Hastings Twp
Zip Code: 49058

---

Manner of Death: Not Specified

Line 1: Pulseless Electrical Activity

Line 2: Acute Inferior Wall Myocardial Infarction

Line 3: Coronary Artery Disease

Line 4:

Other Conditions:

Injury Date:

Description of Injury:

Occupation: Engineer

Industry: Telephone Co.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: EUGENE R. BRADY Sex: Male
Date of Death: 12/09/993 Date of Birth: 09/18/933 Age: 60
Fathers Last Name: Brady

Place of Death
Hospital: Metropolitan Hospital
City: Grand Rapids County: Kent

If Hospital: Inpatient SSN: 377-30-1829

Residence
County: Barry
City: Thornapple Twp Address: 6147 Whitneyville Rd.
Zip Code: 49333

Place of Birth: Michigan
Armed Forces: Yes Marital Status: Married
Ancestry: Irish Race: White
Education: High School

Underlying Cause of Death:

481

Related Cause of Death (*)

117991
12481
617530

Autopsy: Yes Findings Available: Yes Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 76132

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: Neil Hulbert Brady Sex: Male
Date of Death: 11/30/994 Date of Birth: 04/19/906
Fathers Name: John Brady
Mothers Name: Emma Smith
Spouses Name:

Place of Death
Hospital: Unknown
City: Battle Creek County: Calhoun

If Hospital: Inpatient SSN: 366-10-0956

Residence
County: Barry
City: Assyria Twp Address: 9435 E. Baseline Rd.
Zip Code: 49017

Place of Birth: Michigan
Armed Forces: No Marital Status: Widow, Widower
Ancestry: Irish Race: White
Education: High School

Underlying Cause of Death:

436

Related Cause of Death (*)

11436
615939
624280
637070
646029
652949

Autopsy: No Findings Available: Unknown Actual Place: Nursing Home

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 075241

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: Skylar Lane Branch Sex: Male
Date of Death: 06/03/994 Date of Birth: 06/01/994 Age: 02
Fathers Last Name: Branch

Place of Death
Hospital: Bronson Methodist Hospital
City: Kalamazoo County: Kalamazoo

If Hospital: Inpatient SSN: - -

Residence
County: Barry
City: Barry Twp Address: 615 South Grove
Zip Code: 49046

Place of Birth: Michigan
Armed Forces: No Marital Status: Never Married
Ancestry: British, Scotch, Welsh, Scotch Race: White
Education: None

Underlying Cause of Death:

7689

Related Cause of Death (*)

112767
217689
317650

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 36765

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

03/25/97

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH
## DEATH TRANSCRIPTS
### Non-County Residents

State of Residence: Michigan

File Number: 055828

---

Decedents Name: Diana C. Brandli
Sex: Female
Date of Death: 08/30/996
Date of Birth: 11/18/959
Spouses Name:
SSN: 364-56-7677
Fathers Name: Dale C. Fogle
Mothers Name: Judith Pennell
Place of Birth: Michigan
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: High School
Marital Status: Divorced

---

Place of Death

City: Kalamazoo
County: Kalamazoo

Hospital or Other Place of Death

Borgess Med Cen
Patient Status: Inpatient

---

Residence

Address: 7613 Oak Dr. Prairieville
County: Barry
City: Prairieville Twp
Zip Code: 49046

---

Manner of Death: Not Specified
Line 1: Multiple System Organ Failure
Line 2: Renal Failure
Line 3: Sepsis
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Secretary
Industry: Construction

04/28/97

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH
## DEATH TRANSCRIPTS
### Non-County Residents

State of Residence: Michigan

File Number: 077957

---

Decedents Name: Julius R. Brandou
Sex: Male
Date of Death: 12/02/996
Date of Birth: 11/03/905
Spouses Name:
SSN: 366-18-4254
Fathers Name: August R. Brandou
Mothers Name: Leila M. Brooks
Place of Birth: Michigan
Ancestry: German
Armed Forces: No
Race: White
Education: High School
Marital Status: Widow, Widower

---

Place of Death
City: Whitehall
County: Muskegon
Hospital or Other Place of Death
Nursing Home or Extended Care Facility
Patient Status: Inpatient

---

Residence
Address: 990 Hilmer Rd. Johnstown
County: Barry
City: Johnstown Twp
Zip Code: 49017

---

Manner of Death: Not Specified
Line 1: End Stage Cardiomyopathy
Line 2:
Line 3:
Line 4:
Other Conditions: History Of Cerebral Vascular Accident
Injury Date:
Description of Injury:
Occupation: Clerk/typist
Industry: Office

03/25/97

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH
## DEATH TRANSCRIPTS
### Non-County Residents

State of Residence: Michigan

File Number: 036507

---

Decedents Name: Jared Scott Branham
Sex: Male
Date of Death: 06/14/996
Date of Birth: 06/23/992
Spouses Name:
SSN: 366-15-0048
Fathers Name: Jared Scott Branham
Mothers Name: Amy Louise Wilson
Place of Birth: Michigan
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: None
Marital Status: Never Married

---

Place of Death
City: Kalamazoo
County: Kalamazoo
Hospital or Other Place of Death
Bronson Methodist Hospital
Patient Status: Inpatient

---

Residence
Address: 160 Fair Lake Barry Mi
County: Barry
City: Barry Twp
Zip Code: 49046

---

Manner of Death: Not Specified
Line 1: Adult Respiratory Distress Syndrome
Line 2: Streptococcal Septic Shock
Line 3: Acute Non Lymphocytic Leukemia
Line 4:
Other Conditions: Neutropenia, Thrombocytopenia, Fever
Injury Date:
Description of Injury:
Occupation: Never Employed
Industry:

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: KATHERYN LORRAINE BRENNER Sex: Female
Date of Death: 10/19/993 Date of Birth: 01/22/975 Age: 18
Fathers Last Name: Brenner

Place of Death
Hospital: Allegan General Hospital
City: Allegan County: Allegan

If Hospital: Inpatient SSN: 371-90-6673

Residence
County: Barry
City: Yankee Springs Twp Address: 12517 W. Shore Dr.
Zip Code: 48348

Place of Birth: Michigan
Armed Forces: No Marital Status: Never Married
Ancestry: German Race: White
Education: 1 year College

Underlying Cause of Death:

2770

Related Cause of Death (*)

11)967
218780
612770

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 60299

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

01/15/98

# MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
## DEATH TRANSCRIPTS
### County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 041131

---

Patient Information

Decedents Name: Irene Bernice Brentlinger
Sex: Female
Date of Death: 07/01/997
Date of Birth: 03/18/900
Spouses Name:
SSN: 311-32-7754
Fathers Name: Clarence C. Smith
Mothers Name: Emma Mande Holmes
Place of Birth: Indiana
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: High School
Marital Status: Widow, Widower

---

Place of Death

City: Wayland
County: Allegan
Hospital or Other Place of Death:
Patient Status: Inpatient
Convalescent home, nursing home, medical care facility or hospice

---

Residence

Address: 225 Lakeview Dr. Yankee
County: Barry
City: Yankee Springs Twp
Zip Code: 49348

---

Manner of Death

Manner: Not Specified
Line 1: Respiratory Insufficiency
Line 2: Lower Respiratory Infection
Line 3:
Line 4:

Other Conditions: Hypothyroidism, Anorexia
Injury Date:
Injury Description:
Occupation: Homemaker
Industry: At Home

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: NORBERT J. BROEDER Sex: Male
Date of Death: 08/03/993 Date of Birth: 05/07/914 Age: 79
Fathers Last Name: Broeder

Place of Death
Hospital: Unknown
City: Grand Rapids County: Kent

If Hospital: Inpatient SSN: 365-18-9135

Residence
County: Barry
City: Yankee Springs Twp Address: 3141 Beatrice Ave.
Zip Code: 49333

Place of Birth: New York
Armed Forces: Yes Marital Status: Married
Ancestry: Other Western European Race: White
Education: 2 years College

Underlying Cause of Death:

4292

Related Cause of Death (*)

117991
21496
312500
324299
41586
614284

Autopsy: No Findings Available: Unknown Actual Place: Nursing Home

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 49699

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

04/17/96

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH
## DEATH TRANSCRIPTS
### Non-County Residents

State of Residence: Michigan

File Number: 063184

Decedents Name: Barbara E. Bromley
Sex: Female
Date of Death: 10/22/995
Date of Birth: 05/09/919
Spouses Name: Daniel Bromley
SSN: 366-16-5730
Fathers Name: Albert Drake
Mothers Name: Myrtle Rager
Place of Birth: Michigan
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: High School
Marital Status: Married

Place of Death
City: Kalamazoo
County: Kalamazoo

Hospital or Other Place of Death
Borgess Med Cen
Patient Status: Inpatient

Residence
Address: 6101 W. Hickory Rd. Barry
County: Barry
City: Barry Twp
Zip Code: 49060

Manner of Death: Not Specified
Line 1: Renal Failure
Line 2:
Line 3:
Line 4:
Other Conditions: Congestive Heart Failure, Arrhythmias
Injury Date:
Description of Injury:
Occupation: Clerk
Industry: Postal Service

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

Decedents Name: ANGELINE ELLEN BRONSON Sex: Female
Date of Death: 12/24/993 Date of Birth: 12/12/987 Age: 06
Fathers Last Name: Bronson

Place of Death
Hospital: Bronson Methodist Hospital
City: Kalamazoo County: Kalamazoo

If Hospital: Inpatient SSN: 376-04-5540

Residence
County: Barry
City: Barry Twp Address: 724 S. Grove St.
Zip Code: 49046

Place of Birth: Michigan
Armed Forces: No Marital Status: Never Married
Ancestry: British, Scotch, Welsh, Scotch Race: White
Education: None

Underlying Cause of Death:

856

Related Cause of Death (*)

114279
212767
31586
41)601
42856
612377
627803
637373
643441
652639
661179
67486
687991

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Accident

Work Injury: Unknown Location: Unknown

State File Number: 75814

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

03/25/97

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH
## DEATH TRANSCRIPTS
### Non-County Residents

State of Residence: Michigan

File Number: 009314

---

Decedents Name: Marian A. Brooks
Sex: Female
Date of Death: 02/08/996
Date of Birth: 12/23/906
Spouses Name: Earl Brooks
SSN: 366-20-3140
Fathers Name: Frank Morgenstern
Mothers Name: Louise Bross
Place of Birth: Michigan
Ancestry: German
Armed Forces: No
Race: White
Education: 2 years College
Marital Status: Married

---

Place of Death

City: East Grnd Rapids
County: Kent

Hospital or Other Place of Death

Blodgett Mem Med Cen
Patient Status: Inpatient

---

Residence

Address: 1268 Lynn Drive Yankee
County: Barry
City: Yankee Springs Twp
Zip Code: 49333

---

Manner of Death: Not Specified
Line 1: Coronary Artery Disease
Line 2:
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: School Teacher
Industry: Education

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: Robert Ben Brooks Sex: Male
Date of Death: 08/05/994 Date of Birth: 09/20/920 Age: 73
Fathers Last Name: Brooks

Place of Death
Hospital: Battle Creek Health Systems
City: Battle Creek County: Calhoun

If Hospital: Inpatient SSN: 368-18-4860

Residence
County: Barry
City: Baltimore Twp Address: 3506 Lawrence Road
Zip Code: 49058

Place of Birth: Michigan
Armed Forces: No Marital Status: Never Married
Ancestry: British, Scotch, Welsh, Scotch Race: White
Education: 08

Underlying Cause of Death:

7855

Related Cause of Death (*)

117855

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 48335

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

Decedents Name: CHARLES F. BROWER Sex: Male
Date of Death: 03/09/993 Date of Birth: 08/08/920 Age: 72
Fathers Last Name: Brower

Place of Death
Hospital: Unknown
City: Grand Rapids County: Kent

If Hospital: Inpatient SSN: 370-12-2812

Residence
County: Barry
City: Orangeville Twp Address: 11106 Wildwood Rd
Zip Code: 49344

Place of Birth: Michigan
Armed Forces: No Marital Status: Widow, Widower
Ancestry: Other Western European Race: White
Education: 08

Underlying Cause of Death:

4280

Related Cause of Death (*)

114280

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 23032

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

CLAIM #82038
NON-GLARE TOPPER

03/25/97

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH
## DEATH TRANSCRIPTS
### Non-County Residents

State of Residence: Michigan

File Number: 048314

---

Decedents Name: David H. Brown
Sex: Male
Date of Death: 08/03/996
Date of Birth: 02/06/939
Spouses Name: Beverlee A. Sessions
SSN: 266-54-1647
Fathers Name: Hubert C. Brown
Mothers Name: Katherine Ivey
Place of Birth: Florida
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: Yes
Race: White
Education: High School
Marital Status: Married

---

Place of Death

City: Marshall
County: Calhoun

Hospital or Other Place of Death

Oaklawn Hospital
Patient Status: Emergency Room/Outpatient

---

Residence

Address: 6195 Luce Road Assyria
County: Barry
City: Assyria Twp
Zip Code: 49017

---

Manner of Death: Not Specified
Line 1: Arteriosclerotic Heart Disease
Line 2:
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Pipe Fitter & Welder
Industry: Plumbing Company

09/17/97

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH
## DEATH TRANSCRIPTS

State of Residence: Michigan

File Number: 012402

---

Decedents Name: Perry E. Brown
Sex: Male
Date of Death: 02/11/997
Date of Birth: 12/03/915
Spouses Name: Hazel Curtis
SSN: 365-05-6381
Fathers Name: William Brown
Mothers Name: Julia Fewless
Place of Birth: Arizona
Ancestry: American
Armed Forces: No
Race: White
Education: 02
Marital Status: Married

---

Place of Death

City: Ann Arbor
County: Washtenaw

Hospital or Other Place of Death

Unknown
Patient Status:

---

Residence

Address: 2115 Nature Cove #310 Ann
County: Barry
City: Woodland
Zip Code: 48104

---

Manner of Death: Not Specified

Line 1: Glioblastoma Multiforme

Line 2:

Line 3:

Line 4:

Other Conditions:

Injury Date:

Description of Injury:

Occupation: Clerk

Industry: Township

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: Robert William Brown Sex: Male
Date of Death: 03/24/994 Date of Birth: 10/03/921 Age: 72
Fathers Last Name: Brown

Place of Death
Hospital: Borgess Med Cen
City: Kalamazoo County: Kalamazoo

If Hospital: Inpatient SSN: 379-16-8967

Residence
County: Barry
City: Hope Twp Address: 3840 Harrington Road
Zip Code: 49046

Place of Birth: Michigan
Armed Forces: Yes Marital Status: Married
Ancestry: German Race: White
Education: High School

Underlying Cause of Death:

4590

Related Cause of Death (*)

114590

Autopsy: Yes Findings Available: Yes Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 16683

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: WILFRED BERT BROWN Sex: Male
Date of Death: 09/27/993 Date of Birth: 07/05/915 Age: 78
Fathers Last Name: BROWN

Place of Death
Hospital: Battle Creek Health Systems
City: Battle Creek County: Calhoun

If Hospital: Inpatient SSN: 278-01-2112

Residence
County: Barry
City: Barry Twp Address: 11465 Baseline Rd.
Zip Code: 49060

Place of Birth: Michigan
Armed Forces: Yes Marital Status: Widow, Widower
Ancestry: British, Scotch, Welsh, Scotch Race: White
Education: 10

Underlying Cause of Death:

2639

Related Cause of Death (*)

110389
215579
312765
412639

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 60684

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

Decedents Name: Edward Jacob Brunt Sex: Male
Date of Death: 03/10/994 Date of Birth: 04/09/903 Age: 90
Fathers Last Name: Brunt

Place of Death
Hospital: Battle Creek Health Systems
City: Battle Creek County: Calhoun

If Hospital: Inpatient SSN: 366-10-9531

Residence
County: Barry
City: Johnstown Twp Address: 3950 Fruin Road
Zip Code: 49021

Place of Birth: Michigan
Armed Forces: No Marital Status: Married
Ancestry: British, Scotch, Welsh, Scotch Race: White
Education: 03

Underlying Cause of Death:

1579

Related Cause of Death (*)

111579
614273

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 15314

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

09/03/98

# MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

## DEATH TRANSCRIPTS FOR 1998

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 024311

### Patient Information

Decedents Name: Shawn P. Bryan
Sex: Male
Date of Death: 04/03/1998
Date of Birth: 12/06/1977
Spouses Name:
SSN: 367-94-9495
Fathers Name: James R. Bryan
Mothers Name: June I. Terpening
Place of Birth: Michigan
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: 11
Marital Status: Never Married

### Place of Death

City: Grand Rapids
County: Kent
Hospital or Other Place of Death: Butterworth Hospital
Patient Status: Inpatient

### Residence

Address: 7410 Bivens Road Maple
County: Barry
City: Maple Grove Twp
Zip Code: 49073

### Manner of Death

Manner: Not Specified
Line 1: Brain Death
Line 2: Subarachnoid Hemorrhage - Spontaneous
Line 3:
Line 4:

Other Conditions:
Injury Date:
Injury Description:
Occupation: Laborer
Industry: Light Industry

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: JEFFREY ORLUV BUCHER Sex: Male
Date of Death: 08/19/993 Date of Birth: 11/12/959 Age: 33
Fathers Last Name: BUCHER

Place of Death
Hospital: Unknown
City: East Grnd Rapids County: Kent

If Hospital: SSN: 376-68-3693

Residence
County: Barry
City: Carlton Twp Address: 6961 Usborne Road
Zip Code: 49325

Place of Birth: Ohio
Armed Forces: No Marital Status: Never Married
Ancestry: German Race: White
Education: High School

Underlying Cause of Death:

9551

Related Cause of Death (*)

11(73
129551
613050
62(73

Autopsy: Yes Findings Available: Yes Actual Place: Home

Medical Examiner Case: No Mode of Death: Suicide

Work Injury: No Location: Home

State File Number: 56000

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

08/26/98

# MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

## DEATH TRANSCRIPTS FOR 1998

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 015162

### Patient Information

Decedents Name: Gerald Edman Burchett
Sex: Male
Date of Death: 03/09/1998
Date of Birth: 11/21/1942
Spouses Name: Judy England
SSN: 367-40-6403
Fathers Name: Lawrence Burchett
Mothers Name: Erma Armour
Place of Birth: Michigan
Ancestry: French
Armed Forces: No
Race: White
Education: High School
Marital Status: Married

### Place of Death

City: Plainwell
County: Allegan
Hospital or Other Place of Death:
Patient Status: Inpatient
Convalescent home, nursing home, medical care facility or hospice

### Residence

Address: 3912 England Drive Yankee
County: Barry
City: Yankee Springs Twp
Zip Code: 49344

### Manner of Death

Manner: Not Specified
Line 1: Metastatic Squamous Cell Cancer Illegible
Line 2:
Line 3:
Line 4:

Other Conditions:
Injury Date:
Injury Description:
Occupation: Millwright
Industry: Paper Mfg.

04/28/97

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH
## DEATH TRANSCRIPTS
### Non-County Residents

State of Residence: Michigan

File Number: 076306

Decedents Name: Merlin L. Buhl
Sex: Male
Date of Death: 12/23/996
Date of Birth: 06/28/933
Spouses Name: Doreen E. Mead
SSN: 363-34-2600
Fathers Name: Wesley H. Buhl
Mothers Name: Helen F. Jennings
Place of Birth: Michigan
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: 1 year College
Marital Status: Married

Place of Death

City: East Grnd Rapids
County: Kent

Hospital or Other Place of Death

Blodgett Mem Med Cen
Patient Status: Inpatient

Residence

Address: 190 Welcome Road Carlton
County: Barry
City: Carlton Twp
Zip Code: 49058

Manner of Death: Not Specified
Line 1: Respiratory Failure Secondary To Pneumonia
Line 2: Malignant Lymphoma
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Self-employed
Industry: Electrician

11/27/95

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH
## DEATH TRANSCRIPT - STATE OF MICHIGAN
## NON-COUNTY RESIDENT

State: Michigan

File Number: 021485

Decedents Name: Sharon M. Burdick
Sex: Female
Date of Death: 04/11/995
Date of Birth: 10/18/943
Spouses Name: John Burdick
SSN: 381-42-2579
Fathers Name: LaVern Gudith
Mothers Name: Idalaine Newman
Place of Birth: Michigan
Hospital: Allegan General Hospital
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: High School
Marital Status: Married

Place of Death

City: Allegan
County: Allegan
If Hospital: Inpatient

Residence

Address: 4191 S. Shore Dr. Hope
County: Barry
City: Hope Twp
Zip Code: 49046

Manner of Death: Not Specified
Line 1: Metastatic Carcinoma Of Breast
Line 2:
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Unit Coordinator
Industry: Hospital

05/13/98

# MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
## DEATH TRANSCRIPTS

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 076433

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### Patient Information

Decedents Name: Charles W. Burghdoff
Sex: Male
Date of Death: 12/11/997
Date of Birth: 10/30/944
Spouses Name: Patricia J. Osbun
SSN: 363-44-9425
Fathers Name: Robert W. Burghodoff
Mothers Name: Martha R. Pederson
Place of Birth: Michigan
Ancestry: German
Armed Forces: No
Race: White
Education: High School
Marital Status: Married

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### Place of Death

City: Grand Rapids
County: Kent
Hospital or Other Place of Death:
St Mary's Health Services - Grand Rapids
Patient Status: Inpatient

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### Residence

Address: 294 S. East St. Freeport
County: Barry
City: Freeport
Zip Code: 49325

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### Manner of Death

Manner: Not Specified
Line 1: Cardiac Arrhythmia
Line 2:
Line 3:
Line 4:

Other Conditions:
Injury Date:
Injury Description:
Occupation: Material Clean & Finish
Industry: Allied Tech

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: JEANNINE MARIE BURGHDOFF Sex: Female
Date of Death: 08/24/993 Date of Birth: 11/01/972 Age: 20
Fathers Last Name: Burghdoff

Place of Death
Hospital: Unknown
City: Bowne Twp County: Kent

If Hospital: SSN: 369-98-9700

Residence
County: Barry
City: Freeport Address: 320 St. Johns St.
Zip Code: 49325

Place of Birth: Michigan
Armed Forces: No Marital Status: Never Married
Ancestry: British, Scotch, Welsh, Scotch Race: White
Education: High School

Underlying Cause of Death:

8151

Related Cause of Death (*)

11)591
618151

Autopsy: Yes Findings Available: Yes Actual Place: Other

Medical Examiner Case: No Mode of Death: Accident

Work Injury: No Location: Street and Highway

State File Number: 50004

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: Russell Sr W. Burgdorf Sex: Male
Date of Death: 04/09/994 Date of Birth: 11/03/926 Age: 67
Fathers Last Name: Burgdorf

Place of Death
Hospital: Butterworth Hospital
City: Grand Rapids County: Kent

If Hospital: Inpatient SSN: 364-24-9818

Residence
County: Barry
City: Hastings Address: 1672 Star School Road
Zip Code: 49058

Place of Birth: Michigan
Armed Forces: Yes Marital Status: Married
Ancestry: American Race: White
Education: 10

Underlying Cause of Death:

486

Related Cause of Death (*)

117855
21486
614149
62410

Autopsy: No Findings Available: No Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 23818

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: EDITH ALFREDA BUTLER Sex: Female
Date of Death: 11/10/993 Date of Birth: 12/17/905 Age: 87
Fathers Last Name: Rockwell

Place of Death
Hospital: Bronson Methodist Hospital
City: Kalamazoo County: Kalamazoo

If Hospital: Inpatient SSN: 368-01-8969

Residence
County: Barry
City: Barry Twp Address: 14605 S Kellogg School
Zip Code: 49060

Place of Birth: Michigan
Armed Forces: No Marital Status: Widow, Widower
Ancestry: British, Scotch, Welsh, Scotch Race: White
Education: High School

Underlying Cause of Death:

4349

Related Cause of Death (*)

114349
614140

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 69070

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: Frances L. Butler Sex: Female
Date of Death: 02/08/994 Date of Birth: 08/14/914 Age: 79
Fathers Last Name: Hamilton

Place of Death
Hospital: Borgess Med Cen
City: Kalamazoo County: Kalamazoo

If Hospital: Inpatient SSN: 366-10-7378

Residence
County: Barry
City: Barry Twp Address: 4815 W. Hickory Rd.
Zip Code: 49060

Place of Birth: Michigan
Armed Forces: No Marital Status: Widow, Widower
Ancestry: British, Scotch, Welsh, Scotch Race: White
Education: 2 years College

Underlying Cause of Death:

1830

Related Cause of Death (*)

114275
211830
615609
622399

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 9831

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

DEATH TRANSCRIPT - STATE OF MICHIGAN
NON-COUNTY RESIDENT
THE STATE OF:
Michigan

==========

Decedents Name: Richard A. Butzer Sex: Male
Date of Death: 08/18/994 Date of Birth: 07/23/918 Age: 76
Fathers Last Name: Butzer

Place of Death
Hospital: Alpine Med Center
City: Grand Rapids County: Kent

If Hospital: Inpatient SSN: 489-16-1307

Residence
County: Barry
City: Thornapple Twp Address: 7420 Parmelee Rd.
Zip Code: 49333

Place of Birth: Missouri
Armed Forces: Yes Marital Status: Married
Ancestry: German Race: White
Education: 2 years College

Underlying Cause of Death:

1579

Related Cause of Death (*)

111579

Autopsy: No Findings Available: Unknown Actual Place: Extensive Care/Hospice

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 50053

(*) Six digits with the 1st digit being the line, the 2nd being the position within the line, and positions 3-6 being the ICD code.

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH
## DEATH TRANSCRIPTS
### Non-County Residents

State of Residence: Michigan

File Number: 076270

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Decedents Name: Francis Joseph Byington
Sex: Male
Date of Death: 12/24/996
Date of Birth: 12/03/914
Spouses Name: Emilia Cwik
SSN: 384-10-0515
Fathers Name: Eugene Byington
Mothers Name: Rose Adams
Place of Birth: Michigan
Ancestry: Irish
Armed Forces: Yes
Race: White
Education: High School
Marital Status: Married

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Place of Death

City: Galesburg
County: Kalamazoo

Hospital or Other Place of Death

Nursing Home or Extended Care Facility
Patient Status: Inpatient

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Residence

Address: 9785 S. Wall Lake Dr. Hope
County: Barry
City: Hope Twp
Zip Code: 49046

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Manner of Death: Not Specified
Line 1: Congestive Cardiomyopathy
Line 2: Chronic Obstructive Pulmonary Disease
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Realtor
Industry: Real Estate