DEATH TRANSCRIPTS OF BARRY COUNTY RESIDENTS

WHO DIED OUTSIDE BARRY COUNTY

Compiled by the Michigan Department of Health

This volume (Volume 10) begins with **Thompson** and ends with **Weeks**

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: RAYMOND EARL THOMPSON Sex: Male
Date of Death: 07/19/993 Date of Birth: 09/08/921 Age: 71
Fathers Last Name: Thompson

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

If Hospital: Inpatient SSN: 377-18-4796

Residence
County: Barry
City: Hope Twp Address: 5603 Saggio Road
Zip Code: 49058

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

Underlying Cause of Death:

5715

Related Cause of Death (*)

115715

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 41461

(*) 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.

05/13/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
DEATH TRANSCRIPTS

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 076079

Patient Information

Decedents Name: Edith Julia Thornton
Sex: Female
Date of Death: 12/10/997
Date of Birth: 08/01/911
Spouses Name:
SSN: 374-74-7852
Fathers Name: Charles H. Rice
Mothers Name: Minnie Laper
Place of Birth: Michigan
Ancestry: German
Armed Forces: No
Race: White
Education: 09
Marital Status: Widow, Widower

Place of Death

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

Residence

Address: 5112 W. Hickory Rd. Barry
County: Barry
City: Barry Twp
Zip Code: 49060

Manner of Death

Manner: Not Specified
Line 1: Sepsis
Line 2: Perforated Colon
Line 3: Sigmoid Obstruction
Line 4:

Other Conditions:
Injury Date:
Injury Description:
Occupation: Housewife
Industry: Domestic

11/27/95

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

State: Michigan

File Number: 008987

Decedents Name: Ray Duane Tiffany
Sex: Male
Date of Death: 02/06/995
Date of Birth: 07/12/935
Spouses Name: Joanne Mann
SSN: 383-32-8685
Fathers Name: Clifford Tiffany
Mothers Name: Laura Crowder
Place of Birth: Michigan
Hospital: Bronson Methodist Hospital
Ancestry: American
Armed Forces: No
Race: White
Education: 11
Marital Status: Married

Place of Death

City: Kalamazoo
County: Kalamazoo
If Hospital: Inpatient

Residence

Address: 11542 Alling Road Prairieview
County: Barry
City: Prairieville Twp
Zip Code: 49080

Manner of Death: Not Specified
Line 1: Pneumonia
Line 2:
Line 3:
Line 4:
Other Conditions: Chronic Obstructive Pulmonary Disease, Coronary Artery Disease
Injury Date:
Description of Injury:
Occupation: Fire Chief
Industry: Township Fire Department

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: JOAN B. TINKER Sex: Female
Date of Death: 08/14/993 Date of Birth: 11/27/927 Age: 65
Fathers Last Name: Trainer

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

If Hospital: Inpatient SSN: 372-26-9163

Residence
County: Barry
City: Rutland Twp Address: 2964 Heath Road
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:

3352

Related Cause of Death (*)

113352
123569
212733

Autopsy: Yes Findings Available: No Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 49489

(*) 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: 079911

Decedents Name: Robert E. Titus
Sex: Male
Date of Death: 12/11/996
Date of Birth: 09/07/931
Spouses Name:
SSN: 377-30-8549
Fathers Name: John Titus
Mothers Name: Della Kintigh
Place of Birth: Michigan
Ancestry: Other Western European
Armed Forces: Yes
Race: White
Education: 08
Marital Status: Divorced

Place of Death

City: Ann Arbor
County: Washtenaw

Hospital or Other Place of Death

University of Mich Hosps
Patient Status: Inpatient

Residence

Address: 6220 M-66 Maple Grove
County: Barry
City: Maple Grove Twp
Zip Code: 49073

Manner of Death: Not Specified
Line 1: Adult Respiratory Distress Syndrome
Line 2: Type Iii Aortic Aneurysm, Operated
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Lift Operator
Industry: Cereal Manufacturing

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

Decedents Name: DOVIE TOBEY Sex: Female
Date of Death: 04/12/993 Date of Birth: 03/31/947 Age: 46
Fathers Last Name: Burton

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

If Hospital: Inpatient SSN: 380-46-3236

Residence
County: Barry
City: Hope Twp Address: 7093 Lammers Rd.
Zip Code: 49046

Place of Birth: West Virginia
Armed Forces: No Marital Status: Married
Ancestry: British, Scotch, Welsh, Scotch Race: White
Education: 07

Underlying Cause of Death:

1629

Related Cause of Death (*)

117991
211629
224592
231983

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 22877

(*) 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: Carl L. Tobias Sex: Male
Date of Death: 06/15/994 Date of Birth: 09/29/935 Age: 58
Fathers Last Name: Tobias

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

If Hospital: Inpatient SSN: 378-36-2608

Residence
County: Barry
City: Nashville Address: 260 Fuller
Zip Code: 49073

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

Underlying Cause of Death:

4241

Related Cause of Death (*)

114241
124280
614140

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 36948

(*) 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: 041123

Patient Information

Decedents Name: Marjorie Tobin
Sex: Female
Date of Death: 07/14/997
Date of Birth: 02/25/902
Spouses Name:
SSN: 385-38-5714
Fathers Name: John Halloran
Mothers Name: Margaret Anderson
Place of Birth: North Dakota
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: No
Race: White
Education: 10
Marital Status: Widow, Widower

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: 11320 W. 4 Mile Rd. Prairieville
County: Barry
City: Prairieville Twp
Zip Code: 49080

Manner of Death

Manner: Not Specified
Line 1: Cerebrovascular Accident
Line 2: Hypertension
Line 3:
Line 4:

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

09/03/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

DEATH TRANSCRIPTS FOR 1998

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 022391

Patient Information

Decedents Name: Mary E. Tooker
Sex: Female
Date of Death: 04/14/1998
Date of Birth: 09/17/1926
Spouses Name: Max Tooker
SSN: 157-14-0855
Fathers Name: Joseph Testa
Mothers Name: Philamina Capreno
Place of Birth: New Jersey
Ancestry: Italian
Armed Forces: No
Race: White
Education: High School
Marital Status: Married

Place of Death

City: Allegan
County: Allegan
Hospital or Other Place of Death: Allegan General Hospital
Patient Status: Inpatient

Residence

Address: 4407 Lynden Rd. Orangeville
County: Barry
City: Orangeville Twp
Zip Code: 49344

Manner of Death

Manner: Not Specified
Line 1: Breast Cancer
Line 2:
Line 3:
Line 4:

Other Conditions: Coronary Disease. Congestive Heart Failure
Injury Date:
Injury Description:
Occupation: Home Maker
Industry: Own Home

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: Daniel Raymond Torrey Sex: Male
Date of Death: 10/14/994 Date of Birth: 06/19/952
Fathers Name: Donald E. Torrey
Mothers Name: Dolores Ohman
Spouses Name:

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

If Hospital: SSN: 369-56-9462

Residence
County: Barry
City: Prairieville Twp Address: 12549 Burchett Road
Zip Code: 49080

Place of Birth: Michigan
Armed Forces: No 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: Street and Highway

State File Number: 063180

(*) 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: 001250

Decedents Name: Buryl E. Townsend
Sex: Male
Date of Death: 01/13/995
Date of Birth: 05/14/919
Spouses Name: Alberta Furlong
SSN: 366-12-3729
Fathers Name: Harley V. Townsend
Mothers Name: Nellie Teeter
Place of Birth: Michigan
Hospital: Battle Creek Health Systems
Ancestry: American
Armed Forces: Yes
Race: White
Education: 10
Marital Status: Married

Place of Death

City: Battle Creek
County: Calhoun
If Hospital: Inpatient

Residence

Address: 10727 Lawrence Road Maple
County: Barry
City: Maple Grove Twp
Zip Code: 49073

Manner of Death: Not Specified
Line 1: Acute Myocardial Infarction
Line 2:
Line 3:
Line 4:
Other Conditions: Emphysema
Injury Date:
Description of Injury:
Occupation: Mechanic
Industry: Farm Implement

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 014369

Decedents Name: Allen Martin Tripp
Sex: Male
Date of Death: 03/19/996
Date of Birth: 03/20/943
Spouses Name:
SSN: 385-50-5713
Fathers Name: Charles M. Tripp
Mothers Name: Dorothy Bennett
Place of Birth: Michigan
Ancestry: German
Armed Forces: No
Race: White
Education: 09
Marital Status: Never Married

Place of Death

City: Springfield
County: Calhoun

Hospital or Other Place of Death

Unclassified
Patient Status:

Residence

Address: 13745 Banfield Road Johnstown
County: Barry
City: Johnstown Twp
Zip Code: 49017

Manner of Death: Not Specified

Line 1: Chronic Obstructive Pulmonary Disease.

Line 2:

Line 3:

Line 4:

Other Conditions:

Injury Date:

Description of Injury:

Occupation: Janitor

Industry: Goodwill Industries

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

Decedents Name: Alberta L. Turner Sex: Female
Date of Death: 11/20/994 Date of Birth: 03/25/929
Fathers Name: Lewis F. Belson
Mothers Name: Viola Williams
Spouses Name: Jule H. Turner

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

If Hospital: Inpatient SSN: 372-26-3563

Residence
County: Barry
City: Hastings Address: 1025 S. Hanover St.
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:

193

Related Cause of Death (*)

11193

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 069915

(*) 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: 002495

Decedents Name: Bernice Marie Turner
Sex: Female
Date of Death: 01/08/996
Date of Birth: 01/20/924
Spouses Name:
SSN: 364-22-7350
Fathers Name: Gilbert L. Whittle
Mothers Name: Bessie M. Lounsberry
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: Kalamazoo
County: Kalamazoo

Hospital or Other Place of Death

Nursing Home or Extended Care Facility
Patient Status: Inpatient

Residence

Address: 10027 Upson Drive Prairieville
County: Barry
City: Prairieville Twp
Zip Code: 49046

Manner of Death: Not Specified
Line 1: Congestive Heart Failure
Line 2: Ischemic Coronary Artery Disease
Line 3: Hypertension
Line 4:
Other Conditions: Anemia
Injury Date:
Description of Injury:
Occupation: Waitress
Industry: Restaurant

03/25/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 001201

Decedents Name: Eldon Carlton Tuttle
Sex: Male

Date of Death: 01/04/996
Date of Birth: 04/16/909

Spouses Name: Hazel M. Tompkins
SSN: 385-10-0908

Fathers Name: Carl M. Tuttle

Mothers Name: Daisy Davis

Place of Birth: Michigan

Ancestry: British, Scotch, Welsh, Scotch Irish

Armed Forces: No
Race: White

Education: 08
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: 10500 Case Road Dowling
County: Barry

City: Baltimore Twp
Zip Code: 49050

Manner of Death: Not Specified

Line 1: Myocardial Infarction

Line 2:

Line 3:

Line 4:

Other Conditions: Cholecystitis

Injury Date:

Description of Injury:

Occupation: Contractor

Industry: Self Employed

03/25/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 007855

Decedents Name: Hazel May Tuttle
Sex: Female

Date of Death: 02/19/996
Date of Birth: 10/08/910

Spouses Name:
SSN: 366-07-8429

Fathers Name: Orval Tompkins

Mothers Name: Olive Streeter

Place of Birth: Michigan

Ancestry: British, Scotch, Welsh, Scotch Irish

Armed Forces: No
Race: White

Education: 2 years College
Marital Status: Widow, Widower

Place of Death

City: Battle Creek
County: Calhoun

Hospital or Other Place of Death

Battle Creek Health Systems
Patient Status: Inpatient

Residence

Address: 10500 Case Road Assyria
County: Barry

City: Assyria Twp
Zip Code: 49050

Manner of Death: Not Specified

Line 1: Pneumonia

Line 2: Stroke

Line 3:

Line 4:

Other Conditions: Diabetes Mellitus

Injury Date:

Description of Injury:

Occupation: Cereal Food Inspector

Industry: Cereal Company

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

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Decedents Name: Delton Wilbur Tyler Sex: Male
Date of Death: 01/05/994 Date of Birth: 12/05/910 Age: 83
Fathers Last Name: Tyler

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

If Hospital: Inpatient SSN: 379-28-2432

Residence
County: Barry
City: Freeport Address: 225 S State
Zip Code: 49325

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

Underlying Cause of Death:

438

Related Cause of Death (*)

11438
612949
624149

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

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 3045

(*) 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: WILLIAM PAUL USELTON Sex: Male
Date of Death: 12/04/993 Date of Birth: 01/12/938 Age: 55
Fathers Last Name: Uselton

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

If Hospital: Inpatient SSN: 375-36-4288

Residence
County: Barry
City: Thornapple Twp Address: 6575 Noffke Drive
Zip Code: 49316

Place of Birth: Michigan
Armed Forces: No Marital Status: Married
Ancestry: Norwegian, Swedish Danish Race: White
Education: 3 years College

Underlying Cause of Death:

9289

Related Cause of Death (*)

11(52
614140
629289

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Accident

Work Injury: Unknown Location: Unknown

State File Number: 75916

(*) 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: 023107

Decedents Name: Orren F. Vanderburg
Sex: Male
Date of Death: 03/19/995
Date of Birth: 12/22/906
Spouses Name: Elsena Holcomb
SSN: 368-03-2974
Fathers Name: James Vanderburg
Mothers Name: Martha Smith
Place of Birth: Michigan
Hospital: Borgess Med Cen
Ancestry: Other Western European
Armed Forces: No
Race: White
Education: 10
Marital Status: Married

Place of Death

City: Kalamazoo
County: Kalamazoo
If Hospital: Inpatient

Residence

Address: 11404 3 Mile Rd. Prairieville
County: Barry
City: Prairieville Twp
Zip Code: 49080

Manner of Death: Not Specified
Line 1: Acute Myocardial Infarction
Line 2: Coronary Artery Disease
Line 3:
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Farmer
Industry: Farming

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: JEWEL E. VANDER HOFF Sex: Female
Date of Death: 11/02/993 Date of Birth: 01/06/911 Age: 82
Fathers Last Name: Tubbs

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

If Hospital: Unknown SSN: 374-20-6738

Residence
County: Barry
City: Middleville Address: 500 Lincoln St.
Zip Code: 49333

Place of Birth: Missouri
Armed Forces: No Marital Status: Widow, Widower
Ancestry: Unknown Race: White
Education: 09

Underlying Cause of Death:

1541

Related Cause of Death (*)

111990
211541

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

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 69457

(*) 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: 015163

Patient Information

Decedents Name: Walter Van Kirk Travis
Sex: Male
Date of Death: 03/11/1998
Date of Birth: 07/08/1924
Spouses Name: Patricia Nastos
SSN: 363-24-2605
Fathers Name: Paul W. Travis
Mothers Name: Alice Van Kirk
Place of Birth: Michigan
Ancestry: British, Scotch, Welsh, Scotch Irish
Armed Forces: Yes
Race: White
Education: 1 year College
Marital Status: Married

Place of Death

City: Plainwell
County: Allegan
Hospital or Other Place of Death: Pipp Community Hospital
Patient Status: Inpatient

Residence

Address: 10971 Shelp Lake Dr. Prairieville
County: Barry
City: Prairieville Twp
Zip Code: 49046

Manner of Death

Manner: Not Specified
Line 1: Chronic Pulmonary Fibrosis
Line 2: Cor Pulmonale
Line 3:
Line 4:

Other Conditions:
Injury Date:
Injury Description:
Occupation: Salesman
Industry: Hardware

01/15/98

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

State of Residence: Michigan

File Number: 043022

Patient Information

Decedents Name: A. Elaine Van Niman
Sex: Female
Date of Death: 07/24/997
Date of Birth: 04/06/941
Spouses Name: Richard Van Niman
SSN: 367-40-7141
Fathers Name: Martin Irving Pierce
Mothers Name: Lois Bordewick
Place of Birth: Michigan
Ancestry: British, Scotch, Welsh, Scotch Irish
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:
Patient Status: Inpatient
Convalescent home, nursing home, medical care facility or hospice

Residence

Address: 12710 Merlau Prairieville
County: Barry
City: Prairieville Twp
Zip Code: 49080

Manner of Death

Manner: Not Specified
Line 1: Multiple Myeloma
Line 2:
Line 3:
Line 4:

Other Conditions:
Injury Date:
Injury Description:
Occupation: Nurse
Industry: Hospital

05/13/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
DEATH TRANSCRIPTS

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 081935

Patient Information

Decedents Name: Daniel B. Van Roekel
Sex: Male
Date of Death: 12/25/997
Date of Birth: 03/27/952
Spouses Name: Kimberly Culver
SSN: 380-54-0380
Fathers Name: Lawrence Van Roekel
Mothers Name: Agnes Boogerd
Place of Birth: Iowa
Ancestry: Other Western European
Armed Forces: Yes
Race: White
Education: High School
Marital Status: Married

Place of Death

City: Ann Arbor
County: Washtenaw
Hospital or Other Place of Death: University of Mich Hosps
Patient Status: Inpatient

Residence

Address: 10487 Bever Road Orangeville
County: Barry
City: Orangeville Twp
Zip Code: 49046

Manner of Death

Manner: Not Specified
Line 1: Klebsiella Pneumonic Spontaneous Bacteria Peritonitis With Sepsis
Line 2: Cirrhosis Of Liver
Line 3: Hepatitis C
Line 4:

Other Conditions:
Injury Date:
Injury Description:
Occupation: Line Supervisor
Industry: Paper Manufacturing Plant

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

Decedents Name: ANGEL HOPE VANTREASE Sex: Female
Date of Death: 02/26/993 Date of Birth: 02/26/993 Age: 19
Fathers Last Name: VANTREASE

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

If Hospital: Inpatient SSN: - -

Residence
County: Barry
City: Assyria Twp Address: 10517 EDDY RD
Zip Code: 49021

Place of Birth: Michigan
Armed Forces: No Marital Status: Never Married
Ancestry: American Race: White
Education: None

Underlying Cause of Death:

7650

Related Cause of Death (*)

117651
617650

Autopsy: Yes Findings Available: Yes Actual Place: Hospital

Medical Examiner Case: No Mode of Death: Natural

Work Injury: Location:

State File Number: 21445

(*) 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: CLAYTON H. VEEN Sex: Male
Date of Death: 04/14/993 Date of Birth: 05/08/921 Age: 71
Fathers Last Name: Veen

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

If Hospital: Inpatient SSN: 384-05-8984

Residence
County: Barry
City: Yankee Springs Twp Address: 179 Barlow Lake
Zip Code: 49333

Place of Birth: Michigan
Armed Forces: No Marital Status: Never Married
Ancestry: Other Western European Race: White
Education: High School

Underlying Cause of Death:

431

Related Cause of Death (*)

11431

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 23002

(*) 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.

02/02/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
DEATH TRANSCRIPTS
Non-Resident Transcripts

State of Residence: Michigan

File Number: 056145

Patient Information

Decedents Name: Melvin G. Ver Strat
Sex: Male
Date of Death: 09/24/997
Date of Birth: 01/18/937
Spouses Name: Carol Madsen
SSN: 366-36-7905
Fathers Name: Casper Ver Strat
Mothers Name: Fern Ogden
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: Butterworth Hospital
Patient Status: Inpatient

Residence

Address: 7695 Bouman Drive
County: Barry
City: Thornapple Twp
Zip Code: 49333

Manner of Death

Manner: Accidental
Line 1: Anoxic Encephalopathy
Line 2: Cranial Cerebral Trauma
Line 3:
Line 4:

Other Conditions:

Injury Date: 09/23/1997

Injury Description: Pinned By Boat And Trailer Against Garage

Occupation: Self-employed

Industry: Construction

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: Douglas Sr M. Vickery Sex: Male
Date of Death: 12/05/994 Date of Birth: 02/19/920
Fathers Name: Roy Vickery
Mothers Name: Elizabeth Norton
Spouses Name: Darlene A. Tidey

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

If Hospital: Inpatient SSN: 369-14-5314

Residence
County: Barry
City: Prairieville Twp Address: 10404 Norris Rd.
Zip Code: 49046

Place of Birth: Michigan
Armed Forces: No Marital Status: Married
Ancestry: Other Western European Race: White
Education: High School

Underlying Cause of Death:

410

Related Cause of Death (*)

11410
214280
314140
612500
624412

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 076539

(*) 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.

05/13/98

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
DEATH TRANSCRIPTS

County of Residence <> County of Occurrence

State of Residence: Michigan

File Number: 076670

Patient Information

Decedents Name: Lucille C. Wagner
Sex: Female
Date of Death: 12/30/997
Date of Birth: 03/15/923
Spouses Name: None
SSN: 024-14-3026
Fathers Name: Louis Henri Michaud
Mothers Name: Nellie Pariliot
Place of Birth: Massachusetts
Ancestry: French
Armed Forces: No
Race: White
Education: High School
Marital Status: Widow, Widower

Place of Death

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

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Residence

Address: 12735 Valley Drive Yankee
County: Barry
City: Yankee Springs Twp
Zip Code: 49348

Manner of Death

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

Other Conditions:
Injury Date:
Injury Description:
Occupation: Bookkeeper
Industry: Accounting

03/25/97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 014308

Decedents Name: Marjorie E. Walker
Sex: Female
Date of Death: 03/06/996
Date of Birth: 07/05/920
Spouses Name: Oral D. Walker
SSN: 378-14-1915
Fathers Name: Thomas Elder
Mothers Name: Edna Crapo
Place of Birth: Michigan
Ancestry: American Indian
Armed Forces: No
Race: White
Education: High School
Marital Status: Married

Place of Death
City: Battle Creek
County: Calhoun

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

Residence
Address: 3241 Fine Lake Johnstown
County: Barry
City: Johnstown Twp
Zip Code: 49017

Manner of Death: Not Specified
Line 1: Myelogenous Leukemia
Line 2:
Line 3:
Line 4:
Other Conditions: Insulin Dependent Diabetes; Arteriosclerotic Heart Disease; Osteoarthritis; Renal Failure
Injury Date:
Description of Injury:
Occupation: Homemaker
Industry: Own Home

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
DEATH TRANSCRIPTS
Non-County Residents

State of Residence: Michigan

File Number: 036240

Decedents Name: Suvilla Corwin Walker
Sex: Female
Date of Death: 06/18/996
Date of Birth: 11/08/909
Spouses Name:
SSN: 368-18-3146
Fathers Name: Evert Corwin
Mothers Name: Edith Kariger
Place of Birth: Minnesota
Ancestry: German
Armed Forces: No
Race: White
Education: 10
Marital Status: Divorced

Place of Death
City: Campbell Twp
County: Ionia
Hospital or Other Place of Death
Unclassified
Patient Status:

Residence
Address: 1440 W. Sisson Road Irving
County: Barry
City: Irving Twp
Zip Code: 49325

Manner of Death: Not Specified
Line 1: Renal Failure
Line 2: Congestive Heart Failure
Line 3: Arteriosclerotic Cardio Vascular Disease
Line 4:
Other Conditions:
Injury Date:
Description of Injury:
Occupation: Worker
Industry: Hospital - Laundry

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: Chancey Alvin Haro Warren Sex: Male
Date of Death: 12/13/993 Date of Birth: 06/06/984 Age: 09
Fathers Last Name: Warren

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

If Hospital: Inpatient SSN: 381-08-8459

Residence
County: Barry
City: Orangeville Twp Address: 10966 W. Keller Rd.
Zip Code: 49046

Place of Birth: Michigan
Armed Forces: No Marital Status: Never Married
Ancestry: British, Scotch, Welsh, Scotch Race: White
Education: 03

Underlying Cause of Death:

8161

Related Cause of Death (*)

11)598
618161

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: 75743

(*) 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: ELIZABETH LOU ANN WATSON Sex: Female
Date of Death: 01/28/993 Date of Birth: 01/28/993 Age: 01
Fathers Last Name: Watson

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

If Hospital: Inpatient SSN: - -

Residence
County: Barry
City: Johnstown Twp Address: 1300 Groat Road
Zip Code: 49050

Place of Birth: Michigan
Armed Forces: No Marital Status: Never Married
Ancestry: North African Race: White
Education: None

Underlying Cause of Death:

7485

Related Cause of Death (*)

117485

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 8495

(*) 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: 014701

Decedents Name: Sharon Lee Watson
Sex: Female
Date of Death: 03/22/995
Date of Birth: 10/15/959
Spouses Name:
SSN: 377-58-7535
Fathers Name: Virgil Lee Watson
Mothers Name: Shirley K. Wolfe
Place of Birth: Michigan
Hospital: Unknown
Ancestry: Other Western European
Armed Forces: No
Race: White
Education: High School
Marital Status: Never Married

Place of Death

City: Bedford Twp
County: Calhoun
If Hospital:

Residence

Address: 3711 Bristol Lake Johnstown
County: Barry
City: Johnstown Twp
Zip Code: 49050

Manner of Death: Homicide
Line 1: Multiple Stab Wounds
Line 2:
Line 3:
Line 4:
Other Conditions:
Injury Date: 03/22/1995
Description of Injury: Multiple Stab Wounds With Knife
Occupation: Bartender
Industry: Restaurant / Bar

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: Estella M. Waugh Sex: Female
Date of Death: 07/06/994 Date of Birth: 04/30/903 Age: 91
Fathers Last Name: Fox

Place of Death
Hospital: Unknown
City: Wayland County: Allegan

If Hospital: Inpatient SSN: 366-10-8025

Residence
County: Barry
City: Yankee Springs Twp Address: 1999 Archwood Drive
Zip Code: 49348

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:

436

Related Cause of Death (*)

11436
214409
614280
622500
63585
644019

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

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 41646

(*) 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: 055906

Decedents Name: Evelyn Vesta Weage
Sex: Female

Date of Death: 09/26/996
Date of Birth: 01/05/922

Spouses Name:
SSN: 362-26-4984

Fathers Name: Sherman Forrister

Mothers Name: Mabel Gould

Place of Birth: Michigan

Ancestry: British, Scotch, Welsh, Scotch Irish

Armed Forces: No
Race: White

Education: 2 years College
Marital Status: Widow, Widower

Place of Death

City: Kalamazoo
County: Kalamazoo

Hospital or Other Place of Death

Borgess Med Cen
Patient Status: Inpatient

Residence

Address: 1662 Hickory Road Johnstown
County: Barry

City: Johnstown Twp
Zip Code: 49017

Manner of Death: Not Specified

Line 1: Coronary Arteriosclerosis

Line 2:

Line 3:

Line 4:

Other Conditions:

Injury Date:

Description of Injury:

Occupation: Nurse

Industry: Health Care

12/02/97

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

State of Residence: Michigan

File Number: 020998

Patient Information

Decedents Name: Ardith E. Webber
Sex: Female
Date of Death: 04/28/997
Date of Birth: 02/07/916
Spouses Name:
SSN: 384-38-2024
Fathers Name: John Bulluck
Mothers Name: Ruth Beadle
Place of Birth: Michigan
Ancestry: German
Armed Forces: No
Race: White
Education: 2 years College
Marital Status: Widow, Widower

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: 11484 Handy Lane Prairieville
County: Barry
City: Prairieville Twp
Zip Code: 49080

Manner of Death

Manner: Not Specified
Line 1: Massive Cerebral Vascular Accident
Line 2: Severe Arteriosclerosis
Line 3: Insulin Dependent Diabetes
Line 4: Congestive Heart Failure

Other Conditions:
Injury Date:
Injury Description:
Occupation: L.p.n.
Industry: Nursing

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

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

==========

Decedents Name: GEORGE FRANCIS WEEKS JR. Sex: Male
Date of Death: 06/27/993 Date of Birth: 05/30/935 Age: 58
Fathers Last Name: Weeks

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

If Hospital: Inpatient SSN: 386-30-1897

Residence
County: Barry
City: Johnstown Twp Address: 4256 Indian Isle
Zip Code: 49017

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

Underlying Cause of Death:

5713

Related Cause of Death (*)

115729
215713

Autopsy: No Findings Available: Unknown Actual Place: Hospital

Medical Examiner Case: Unknown Mode of Death: Natural

Work Injury: Location:

State File Number: 48080

(*) 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.