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STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH

0 0 1 7 1 1 1
STATE FILE NUMBER

CERTIFICATE OF DEATH

DECEDENT NAME FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Mo., Day, Yr.)
1. Viletta	E.	Pincumbe	2. Female	3. 4 March 1981

RACE (e.g., White, Black, American Indian, etc.) (Specify)	AGE - Last Birthday (Yrs.)	UNDER 1 YEAR MOS.	DAYS	UNDER 1 DAY HOURS	MINS.	DATE OF BIRTH (Mo., Day, Yr.)	COUNTY OF DEATH
4. White	5a. 77	5b.		5c.		6. 18 May 1904	7a. Oakland

LOCATION OF DEATH (Check one and specify) [X] INSIDE CITY LIMITS OF [ ] INSIDE VILLAGE LIMITS OF [ ] TWP. OF Troy — 7b

HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number) — 7c. Beaumont Hospital - Troy

STATE OF BIRTH (If not in U.S.A. name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
8. Michigan	9. USA	10. Widowed	11. None	12. NO

SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY
13. 386 - 38 - 7682	14a. School teacher (Retired)	14b. Public schools

CURRENT RESIDENCE-STATE	COUNTY	LOCALITY (Check one and specify)	STREET AND NUMBER
15a. Michigan	15b. Oakland	15c. [ ] INSIDE CITY LIMITS OF [X] INSIDE VILLAGE LIMITS OF [ ] TWP. OF Oxford	15d. 51 Park St.

FATHER-NAME FIRST	MIDDLE	LAST	MOTHER-MAIDEN NAME FIRST	MIDDLE	LAST
16. Lora		Tripp	17. Edith		Durkee

INFORMANT James L. Pincumbe

18a. (Signature) ▶ James L. Pincumbe	MAILING ADDRESS STREET OR R.F.D. NO.	CITY OR TOWN	STATE	ZIP
	18b. 51 Park St.	Oxford,	Michigan	48051

19. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I
(a) Acute Myocardial Infarction — Interval between onset and death: HOURS
DUE TO, OR AS A CONSEQUENCE OF:
(b) Upper Gastrointestinal Hemorrage — Interval between onset and death: HOURS
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I

AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No)
20. No	21. No

PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify)	IF HOSP. OR INST., indicate DOA, OP/Emer. Rm., Inpatient (Specify)
22a. Hospital	22b. Emergency Center

CERTIFYING PHYSICIAN

23a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
(Signature and Title) ▶ [signature]

DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
23b. 3/5/81	23c. 6:29 pm

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
23d.

MEDICAL EXAMINER

24a. (Check one only) [ ] This case reviewed and determined not to be a medical examiner's case. [ ] On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.
(Signature and Title) ▶

DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
24b.	24c. M

PRONOUNCED DEAD (Mo., Day, Yr.)	PRONOUNCED DEAD (Hour)
24d. ON	24e. AT M

NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type or Print)
25. Dr. Jack Belen 44199 Dequindre, Suite 103, Troy, Michigan

ACC., SUICIDE, HOM., NATURAL OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
26a. Natural	26b.	26c.	26d.

INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	LOCATION STREET OR R.F.D. NO.	CITY, VILLAGE, OR TOWNSHIP	STATE
26e.	26f.	26g.		

BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY NAME	LOCATION CITY, VILLAGE, OR TOWNSHIP	STATE
27a. Burial	27b. White Chapel Cemetery	27c. Troy,	Michigan

DATE (Mo., Day, Yr.)	NAME OF FACILITY	ADDRESS OF FACILITY
27d. 7 March 1981	28a. Boscardet Funeral Home, Inc.	28b. 39 W. Burdick, Oxford, Mich. 48051

FUNERAL SERVICE LICENSEE (Signature)	REGISTRAR (Signature)	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)
28c. ▶ [signature]	29a. ▶ Eden M. Carlson	29b. March 9, 1981