

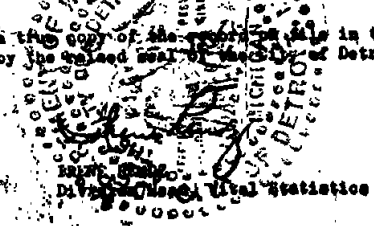
CERTIFICATE OF DEATH
 MICHIGAN DEPARTMENT OF HEALTH
 Vital Records Section

Local File No. 163459

BIRTH No.		MICHIGAN DEPARTMENT OF HEALTH Vital Records Section		Local File No. 163459	
1. PLACE OF DEATH a. County Wayne		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. State Michigan		b. Street Southfield	
3. CITY (If outside corporate limits, give BURIAL and city) b. City Detroit		4. LENGTH OF STAY (In this state) c. Days 2		5. TO WHOM IN CHARGE OF DEATH a. Name of person in charge of death	
6. FULL NAME OF HOSPITAL OR INSTITUTION Crittendon Hospital		7. STREET ADDRESS 24075 10 1/2 Mile Rd.		8. ZIP CODE 48075	
9. NAME OF DECEASED a. (First) Arthur		b. (Middle) E.		c. (Last) Brittain	
10. SEX Male		11. COLOR OF HAIR White		12. MARRIAGE, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, (Specify)	
13. MARRIAGE, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, (Specify)		14. DATE OF BIRTH May 4, 1896		15. AGE (In years, last birthday) 65	
16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		17. NAME OF BUSINESS OR INDUSTRY American Motors		18. EMPLOYER (Name of service contract) Suttons bay, Mich.	
19. PATENT'S NAME William N. Brittain		20. MOTHER'S MAIDEN NAME Anna Mlujank		21. USUAL RESIDENCE OR LAST OF DECEASED U. S. A.	
22. WAS DECEASED EVER IN U.S. ARMED FORCES? NO		23. SOCIAL SECURITY NO. 374-07-5604		24. DECEASED'S NAME Mary Brittain	
25. CAUSE OF DEATH Enter only the cause and line for (a), (b) and (c)		26. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Perforated duodenal ulcer		27. MEDICAL CERTIFICATION 36 hours	
28. PRECEDING CAUSES This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury or complication which caused death.		29. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		30. MEDICAL CERTIFICATION Cerebral infarction Compd left to right brain work	
31. DATE OF OPERATION 12-14-61		32. NAME OF OPERATOR Perforated duodenal ulcer, contents of the liver		33. ANESTHETIC Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
34. ACCOUNTING SINGLE MARRIAGE		35. PLACE OF BIRTH (a. In or about home, farm, factory, street, office, ship, etc.)		36. CITY, VILLAGE, OR TOWNSHIP (County) Southfield (Wayne)	
37. TIME OF DEATH 11:00 AM		38. MANNY OCCURRED Write at <input type="checkbox"/> No Write at <input type="checkbox"/> Yes		39. HOW AND WHERE BORN Michigan	
40. I hereby certify that I attended the deceased from 12-14-61 to 12-14-61, that I took care of the deceased after or 12-14-61, and that death occurred at 4:45 P.M. on 12-14-61, from the causes and on the date stated above.		41. SIGNATURE (In case of title) Frank H. Stewart, M.D.		42. ADDRESS 1536 Grand Haven Blvd., Detroit, Mich.	
43. DATE OF SIGNATURE 12-15-61		44. DATE OF BIRTH 12-15-61		45. DATE OF DEATH 12-14-61	
46. DATE OF BURIAL, CREMATION, OR OTHER 12/18/61		47. NAME OF CEMETERY OR CREMATORY Grand Lawn Cemetery		48. LOCATION (City, village, town, or county) Southfield, Michigan	
49. DATE REC'D BY LOCAL REG. 12/18/61		50. SIGNATURE OF REGISTRAR Frank H. Stewart, M.D.		51. FURNERAL HOME'S SIGNATURE Furneral Home	

MARGIN RESERVED FOR BRIDGE
 TYPE OR PRINT (CERTIFY SIGNATURES) IN BLACK INK - THIS IS A PERMANENT RECORD

I hereby certify that the foregoing is a true copy of the original in the Detroit Department of Health; attested by the signed seal of the City of Detroit.



Date JUL 12 1973

MAY NO. 28865