212
FILED NO.
BOOK 30 PAGE 372
1974 FEB -5 PM 4:09
MARY
RECORDER
MADISON COUNTY, IOWA
2pgs.
Sec # 50

COMPARED

ALD

AFFIDAVIT

STATE OF IOWA)
) ss.
COUNTY OF POLK)

I, John F. Davis, first being duly sworn on oath depose and state that I am the natural son of Vinnie Marie Burch Bertholf Davis Coffey; that the person shown in the death certificate as Marie Coffey, whose parents were Mary and John Burch, is one and the same person as Vinnie Marie Bertholf Davis referred to in the Special Warranty Deed at Entry No. 187 of the abstract of the real estate legally described as follows, to-wit:

> The West 80 acres of the South Franctional Half (S FR.½) of Section Six (6) in Township Seventy-five (75) North, Range Twenty-six (26) West of the 4th P.M., Madison County, Iowa

that she is also one and the same person as shown at Entry No. 193 in the contract to sell the above property to Ronald L. Baker and Bonnie C. Baker, husband and wife.

I further state that I am the same person as the John F. Bertholf referred to in the Special Warranty Deed referred to at Entry No. 187 of the abstract as set out above.

Dated this 12 day of January, 1974.

John F. Davis

Subscribed and sworn to before me, a Notary Public by the said John F. Davis this 12 day of January, 1974.

DELORES I. PETERSEN NOTARIAL SEAL Iowa

Notary Public in and for the State of Iowa

IND. ✓
REC. ✓
PAGE ✓

See pg 373

see pg. 372

CERTIFICATE OF DEATH

428 — LOCAL FILE NUMBER

Michigan Department of Public Health

6204 — STATE FILE NUMBER

78

DECEASED

1. DECEASED—NAME (FIRST, MIDDLE, LAST): MARIE Coffey
2. SEX: FEMALE
3. DATE OF DEATH (MONTH, DAY, YEAR): 9-13-73
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)): White
5a. AGE—LAST BIRTHDAY (YEARS): 76
5b. UNDER 1 YEAR — MOS. / DAYS
5c. UNDER 1 DAY — HOURS / MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR): 9-22-1896
7a. COUNTY OF DEATH: Wayne
7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH: Lincoln Park
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Outer Drive Hospital
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Iowa
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Roy Coffey
12. SOCIAL SECURITY NUMBER: [redacted]
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Housewife
13b. KIND OF BUSINESS OR INDUSTRY: Home
14a. RESIDENCE—STATE: Mich
14b. COUNTY: WAYNE
14c. CITY, VILLAGE OR TOWNSHIP: Allen Park
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14e. STREET AND NUMBER: 16127 McLain

USUAL RESIDENCE (WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.)

PARENTS

15. FATHER—NAME (FIRST, MIDDLE, LAST): John Burch
16. MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST): Mary Lee

17a. INFORMANT—NAME: Mr. Roy Coffey
17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 16127 McLain, Allen Park, Michigan 48101

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

18. IMMEDIATE CAUSE (a): Myocardial infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Immediate
DUE TO, OR AS A CONSEQUENCE OF: (b): Arteriosclerotic cardio vascular — 15-20 yrs.
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
DUE TO, OR AS A CONSEQUENCE OF: (c): disease

Recorded

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (c)

19. AUTOPSY (YES OR NO):
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH:
OCT 15 1973

20a. ACCIDENT/SUICIDE/HOMICIDE, (SPECIFY): Neither
20b. DATE OF INJURY (MONTH, DAY, YEAR):
20c. HOUR: M.
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18):
JOSEPH B. SULLIVAN, Clerk
20e. INJURY AT WORK (SPECIFY YES OR NO):
20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY):
20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):
201 CITY-COUNTY BLDG.
DETROIT, MICHIGAN 48226

CERTIFIER

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 5-19-50 TO 9-13-73
21b. (MONTH, DAY, YEAR)
21c. AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR): 8-7-73
21d. DID/DID NOT VIEW THE BODY AFTER DEATH: Did not
21e. DEATH OCCURRED (HOUR): 4:30 P. M. AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

22a. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.
HOUR OF DEATH: M.
22b. THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR): M.

23a. CERTIFIER—NAME (TYPE OR PRINT): H.T. SHEWCHUK
23b. SIGNATURE: H.T. Shewchuk M.D.
23c. DEGREE OR TITLE
23c. DATE SIGNED (MONTH, DAY, YEAR): 9-14-73.
23d. MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 7300 Allen Rd. Allen Park, Mich. 48101

BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal
24b. CEMETERY OR CREMATORY—NAME: Wayne State University
24c. LOCATION CITY, VILLAGE, TWP. OR COUNTY STATE: Detroit, Michigan 48201
24d. DATE (MONTH, DAY, YEAR): September 14, 1973
24e. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Wayne State University School of Medicine, 540 E. Canfield
25b. FUNERAL DIRECTOR—SIGNATURE: [signature]
26a. REGISTRAR—SIGNATURE: Melvin L. Kush
26b. DATE RECEIVED BY LOCAL REGISTRAR: 9-20-73

B-36
8-68
300M

STATE OF MICHIGAN }
COUNTY OF WAYNE } ss.

I, JOSEPH B. SULLIVAN, Clerk of the County of Wayne and of the Circuit Court thereof, do hereby certify that I have compared the foregoing copy of Record of Death as filed in my office and recorded in Liber or Film 3-D-78 and found the said copy a correct transcript thereof.

SEAL

No. 86087

In testimony whereof, I have hereunto set my hand and affixed the seal of said court this 25th day of OCTOBER A. D. 1973

JOSEPH B. SULLIVAN, County Clerk
Clare A. Kolowski
Deputy County Clerk