Returned to County Clerk. 12-1-39

SOCIAL SECURITY NO.

If veteran, name war

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics

State File No.

FULL NAME Marie Elizabeth Ward Local File No. 8

PLACE OF DEATH:
County Eaton
Township
City or Village Vermontville
Name of hospital (If not in hospital, give street address.)
Length of stay: In hospital In this community 10 years

USUAL RESIDENCE OF DECEASED:
State Mich. County Eaton
Township
City or Village Vermontville
Street No.
If foreign born, how long in U. S. A.? years

Sex	Color or Race	Single, Married, Widowed or Divorced
Female	White	Widow

NAME OF HUSBAND ~~or WIFE~~
Name George Ward Age, if alive
Birth date of deceased , 1

Age: Years	Months	Days	If less than one day
81	1	19	hrs. min.

Birthplace Chesley Ont. Canada
Usual occupation Retired
Industry or business

Father: Name Wm Hucks; Birthplace England
Mother: Maiden Name Mary Harvey; Birthplace England.

Informant K. K. Ward
Address Vermontville. Mich.

Burial, ~~cremation~~ or removal (Circle the word which applies)
Place East Jordan Mich.
Cemetery Date 8-13, 1939

Funeral director's signature Jack B. Mapes
Address Sunfield. Mich.

Filed Aug 11, 1939 A. L. Barningham Local Registrar

MEDICAL CERTIFICATION

Date of death August 10 1939

I hereby certify that I attended the deceased from Aug. 11, 1936 to Aug 10, 1939 I last saw h alive on Aug. 9, 1939. Death is said to have occurred on the date stated above at 7 P. M.

Immediate cause of death	Duration
Senile Dementia	3 yrs
Other contributory causes of importance	

Major findings and dates:
Of operations
Of autopsy

In case of violence, state if accident, homicide or suicide
Date , 19
Where did injury occur? (Specify city, county, or state)
In industry, home or public place?
Was disease or injury related to occupation of deceased?
Signature C. L. D. McLaughlin
Address Vermontville. Mich.

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