SOCIAL SECURITY NO. .....

If veteran, name war .....

Reported to county clerk 2-1-40

# CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics

State File No. .....

FULL NAME Glenwood Russell Smith Local File No. 9

**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 24yrs

**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 |
|---|---|---|
| Male | White | Single |

NAME OF HUSBAND or WIFE
Name ~ Age, if alive .....

Birth date of deceased ....., 1 .....

| Age: Years | Months | Days | If less than one day |
|---|---|---|---|
| 5 | 9 | 8 | hrs. ..... min. |

Birthplace Woodland Mich.
Usual occupation School Boy.
Industry or business .....
Father: Name Jacob Smith
Father: Birthplace Woodland, Mich.
Mother: Maiden Name Mable Bailey
Mother: Birthplace Sunfield, Mich.
Informant Jacob. Smith
Address Vermontville. Mich.

Burial, cremation or removal (Circle the word which applies)
Place Woodland. Mich
Cemetery " " Date 11-17, 1940

Funeral director's signature K. K. Ward
Address Vermontville. Mich.

Filed 11-17, 1939 A. L. Barningham
Local Registrar

## MEDICAL CERTIFICATION

Date of death 11-15 1939

I hereby certify that I attended the deceased from 11-1, 1939 to 11-15, 1939. I last saw him alive on 11-15, 1939. Death is said to have occurred on the date stated above at 11 A M.

| | Duration |
|---|---|
| Immediate cause of death | |
| Rheumatic Fever | 4 weeks 2 days |
| Lobar Pneumonia | |
| Other contributory causes of importance | |

Major findings and dates:
Of operations .....
Of autopsy yes

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 A. L. D. McLaughlin
Address Vermontville. Mich.

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