Reported to county clerk 2-1-40

SOCIAL SECURITY NO. 1

If veteran, name war

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics

State File No.

FULL NAME Glenn arthur Hyde Jr. Local File No. 1

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 6 hrs.

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

Age: Years	Months	Days	If less than one day
0	0	0	6 hrs. min.

Birthplace Vermontville
Usual occupation Infant
Industry or business

Father: Name Glenn Hyde; Birthplace Kalamo Mich.
Mother: Maiden Name Evelyn Reid; Birthplace Hastings. Mich.

Informant Glenn Hyde
Address Vermontville. Mich.

Burial, cremation or removal (Circle the word which applies)
Place Vermontville. Mich.
Cemetery Woodlawn Date 1-15, 1940

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

Filed 1-15, 1940 A. L. Barningham
Local Registrar

MEDICAL CERTIFICATION

Date of death Jan. 13th. 1940

I hereby certify that I attended the deceased from 1-12, 1940 to 1-13, 1940. I last saw him alive on 1-13, 1940. Death is said to have occurred on the date stated above at 1 A. M.

	Duration
Immediate cause of death: Premature Birth 6 1/2 Months	
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 Dr. L. D. Kelsey D. O.
Address Vermontville Mich.

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