

If veteran, name war

MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and StatisticsFULL
NAME

Carrie Annie Jeff

Local File No. 2

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 40

USUAL RESIDENCE OF DECEASED:

State Eaton Mich. County Eaton

Township

City or Village Vermontville

Street No.

If foreign born, how long in U. S. A.? years

Sex

Female

Color or Race

White

Single, Married, Widowed

or Divorced

Widowed

NAME OF HUSBAND or WIFE

Name Irvie Jeff Age, if alive

Birth date of deceased Aug. 26 1871 1

Age: Years Months Days If less than one day

68 6 18 hrs. min.

Birthplace Lebewa. Mich.

Usual occupation Housewife

Industry or business

Father Name Daniel Meyers

Birthplace Unknown

Mother Maiden Name Ann Foy

Birthplace Unknown

Informant Mrs. John Gledet

Address Vermontville. Mich.

Burial, cremation or removal (Circle the word which applies)

Place

Cemetery Sunfield Mich. Date 2-23, 1940

Funeral director's signature Jack B. Mapes

Address Sunfield. Mich.

Filed 2/23, 1940 A. L. Barningham Local Registrar

MEDICAL CERTIFICATION

Date of death 2-20 1940

I hereby certify that I attended the deceased from

19 to 19 I last saw h alive on

19 Death is said to have occurred on the

date stated above at 2:30 A. M.

Duration

Immediate cause of death

Coronary Embolism

Found Dead in Bed

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 A. C. Cheney Corner

Address Charlotte Mich.