Reported to county clerk 12-2-40

SOCIAL SECURITY NO. None

If veteran, name war

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics

State File No.

FULL NAME Charles P. Smith

Local File No. 3

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 12yrs

USUAL RESIDENCE OF DECEASED:
State Mich. County Barry
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	Married

NAME OF ~~HUSBAND~~ or WIFE
Name Cora M. Smith Age, if alive 77

Birth date of deceased June 24, 1858

Age: Years	Months	Days	If less than one day
81	9	17	hrs. min.

Birthplace Woodland Township Barry County
Usual occupation Farmer
Industry or business Farm

Father: Name William Smith
Father: Birthplace Mich.

Mother: Maiden Name Sarah Perkins
Mother: Birthplace Michigan

Informant Robert Smith
Address Nashville, Mich.

(Burial) cremation or removal (Circle the word which applies)
Place Woodland, Mich
Cemetery Baptist Date 4-15, 1940

Funeral director's signature Ralph Hess
Address Nashville, Mich

Filed 4-15, 1940 A. L. Barrington
Local Registrar

MEDICAL CERTIFICATION

Date of death April 13th 1940

I hereby certify that I attended the deceased from 6-15, 1939 to 4-13, 1940 I last saw him alive on 4-12, 1940 Death is said to have occurred on the date stated above at 109 M.

Duration

Immediate cause of death
Coronary Embolus

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 L. D. Kelsey DO
Address Vermontville, Mich.

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