

If veteran, name war

FULL NAME

PLACE OF DEATH:

Township

City or Village

Name of hospital (If not in hospital, give street address.)

Length of stay: In hospital In this community

Sex

Color or Race

Single, Married, Widowed or Divorced

NAME OF HUSBAND or WIFE

Name Age, if alive

Birth date of deceased

Age: Years Months Days If less than one day

Birthplace

Usual occupation

Industry or business

Father

Name

Birthplace

Mother

Maiden Name

Birthplace

Informant

Address

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

Place

Cemetery Date

Funeral director's signature

Address

Filed

Local Registrar

USUAL RESIDENCE OF DECEASED:

State County

Township

City or Village

Street No.

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

## MEDICAL CERTIFICATION

Date of death 19

I hereby certify that I attended the deceased from 11-4

1938 to 9-1, 1940 I last saw him alive on

9-1, 1940 Death is said to have occurred on the

date stated above at 8:30 A.M.

Immediate cause of death

Nephritis

Other contributory causes of importance

Prostatitis

Major findings and dates:

Of operations

Of autopsy

In case of violence, state if accident, homicide or suicide

Date

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

Address

Reported  
to County  
Clerk  
12-2-40

391