M m / CERTIFICAT	TE OF DEATH O State File No.
If veteran, name war	
Bureau of Reco	rds and Statistics
FULL Fred E. Penaell	Local File No.
PLACE OF DEATH: S-150	USUAL RESIDENCE OF DECEASED:
County (acc)	State Much: County Cation
Township City or Village / emoubelle	Township
	City or Village V ernouvelle
Name of hospital (If not in hospital, give street address.) Length of	Street No. 3 outh / main
stay: In hospital	If foreign born, how long in U. S. A.?years
Sex Color or Race Single, Married, Widowed or Divorced	MEDICAL CERTIFICATION
Male Write Widowed	Date of death Member 5 1940
NAME OF HUSBAND OF WIFE	I hereby certify that I attended the deceased from M. ov. 20,
Name Mary I undell Age, if alive	11 00 - 61
Birth date of deceased 14 ,1 862 Age: Years Months Days If less than one day	M. W. 5, 19 44 Death is said to have occurred on the
78 9 21 hrsmin.	date stated above at 9.30 P.M. Duration
Hil amile	Immediate cause of death antitts 2/2 yrs
Birthplace Hustony Comers.	
Usual occupation.	Chronic Cartiese arthur 2 1/2 "
Industry or business	
Name James E. Pindell	1
Birthplace Batavia . M. y.	Other contributory causes of importance
Maiden Name Ellen Shewood	arteric Sclerani
Birthplace Bynn My	Major findings and dates:
PullPub.	Of operations
Informant Mass 1 augs 1 rang	
Address Vermonwelle, mith	Of autopsy
Burial, cremation or removal (Circle the word which applies)	
Place W Halnun Cemetry	In case of violence, state if accident, homicide or suicide
Cometery Ullottle mich 11-8, 1940	Date, 19
Funeral director's V V M	Where did injury occur? (Specify city, county, or state)
signature A. Ward	In industry, home or public place?
Address Vermontville mich of	Was disease or injury related to occupation of deceased?
Address Living	PID 11 11 1 10 10 10
Filed 11-8, 1940 Q.L. Barningham	Signature & Donald Killing Donald
Local Registrar	Address Vermontall of min