

SOCIAL SECURITY NO.

CERTIFICATE OF DEATH

Reported to County

State File No.

None
If veteran, name warMICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statisticsto County
2-1-41

FULL NAME

Hiram H Grant

Local File No.

7

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

85 yrs

USUAL RESIDENCE OF DECEASED:

State

Mich.

County

Eaton

Township

City or Village

Vermontville

Street No.

East Main

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

years

Sex

Male

Color or Race

White

Single, Married, Widowed or Divorced

NAME OF HUSBAND or WIFE

Name

Emma Grant

Age, if alive

80

Birth date of deceased

Aug. 3rd

1852

Age: Years

88

Months

4

Days

29

If less than one day

hrs.

min.

Birthplace

Clear Lake

Ind.

Usual occupation

Retired

Industry or business

Father
Mother

Name

Thomas Grant

Birthplace

New York

Maiden Name

Elizabeth Swick

Birthplace

Unknown

Informant

Mrs Emma Grant

Address

Vermontville Mich.

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

Place

Vermontville Mich.

Cemetery

Woodlawn

Date 12/31, 1940

Funeral director's signature

K. K. Ward

Address

Vermontville Mich.

Filed

12/31, 1940

A. L. Birmingham

Local Registrar

MEDICAL CERTIFICATION

Date of death

12 - 29

1940

I hereby certify that I attended the deceased from

to

19

I last saw h alive on

19

Death is said to have occurred on the

date stated above at

4:30 P.M.

Immediate cause of death

apoplexy

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 Coroner

Address

Charlotte Mich.

393