

none
If veteran, name war

MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics

FULL NAME

Benjamin M. apes

Local File No. *5*

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

USUAL RESIDENCE OF DECEASED:

State

Mich.

County

Ingham

Township

City or Village

Lansing

Street No.

325 S Hosmer St

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

years

Sex

M

Color or Race

W

Single, Married, Widowed or Divorced

Widowed

NAME OF HUSBAND or WIFE

Name

Edna M. apes

Age, if alive

Birth date of deceased

*May 31**1868*

Age: Years

Months

Days

If less than one day

*72**10**26*

hrs.

min.

Birthplace

Eaton County Mich

Usual occupation

Industry or business

Father

Name

Ramona M. apes

Birthplace

New York

Mother

Maiden Name

Hannah Reynolds

Birthplace

New York

Informant

Mrs. Eladys Piper

Address

325 S Hosmer St Lansing Mich

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

Place

Lansing Mich

Cemetery

Mt Hope

Date

4-30, 1941

Funeral director's signature

Coraline Runciman Co.

Address

Lansing Mich

Filed

*Apr. 30, 1941**A. L. Barnighorn*

Local Registrar

MEDICAL CERTIFICATION

Date of death

*April 27*19 *41*

I hereby certify that I attended the deceased from

19

to

19

I last saw him alive on

19

to

19

Death is said to have occurred on the

date stated above at

1:30 P.

M.

Duration

Immediate cause of death

Organic heart disease ?

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?

Vermontville Mich

(Specify city, county, or state)

In industry, home or public place?

Was disease or injury related to occupation of deceased?

Signature

Karl R. Weiler (Acting Coroner)

Address

*Vermontville Mich. Justice of Peace
Eaton County*