SOCIAL SECURITY NO. None

If veteran, name war

copy sent to County clerk OCT 1 1941

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics

State File No.

FULL NAME Helen Mae Cross

Local File No. 8

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 None In this community

USUAL RESIDENCE OF DECEASED:
State Mich. County Eaton
Township
City or Village Vermontville
Street No. West 1st Street
If foreign born, how long in U. S. A.? years

Sex	Color or Race	Single, Married, Widowed or Divorced
Female	White	Widow

NAME OF HUSBAND or WIFE
Name Henry Cross Age, if alive —
Birth date of deceased

Age: Years	Months	Days	If less than one day
89	5	17	hrs. min.

Birthplace Elmira N Y
Usual occupation Retired
Industry or business
Father — Name Wm. H. Brown
Father — Birthplace New York
Mother — Maiden Name Sarah Buchanan
Mother — Birthplace New York
Informant Mrs. James Allen
Address ~~New York~~, Vermontville

(Burial, cremation or removal) (Circle the word which applies)
Place Lansing Mich
Cemetery Evergreen Date 7-28, 1941

Funeral director's signature K. K. Ward
Address Vermontville, Mich.

Filed 7-28, 1941 A. L. Barnum
Local Registrar

MEDICAL CERTIFICATION

Date of death ~~4-30~~ 7-25 1941

I hereby certify that I attended the deceased from 4-30 1938 to 7-25, 1941. I last saw her alive on 7-25, 1941 Death is said to have occurred on the date stated above at 1:15 P. M.

Immediate cause of death	Duration
Fall striking on head & left Shoulder each contribute to the other	3 days
Other contributory causes of importance Anemia and Arteriosclerosis	5 yrs

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. Donald Kelsey M.D.
Address Vermontville Mich

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