SOCIAL SECURITY NO. None

If veteran, name war

Reported to Co. Clerk OCT 1 - 1941

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics

State File No.

FULL NAME Emma Ellen Green Local File No. 10

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 65 yrs

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

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

NAME OF HUSBAND or WIFE
Name Andrew O. Green Age, if alive

Birth date of deceased 5 - 3, 1862

Age: Years	Months	Days	If less than one day
79	4	8	hrs. min.

Birthplace Marshall Mich.
Usual occupation Retired
Industry or business

Father: Name George Kenworthy; Birthplace England
Mother: Maiden Name Martha Hawkins; Birthplace Mich.

Informant Mrs Leta Northrup
Address Vermontville. Mich.

Burial, cremation or removal (Circle the word which applies)
Place Vermontville. Mich.
Cemetery Woodlawn Date 9/14, 1941

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

Filed 9/14, 1941 G. L. Barningham Local Registrar

MEDICAL CERTIFICATION

Date of death 9 - 11 1941

I hereby certify that I attended the deceased from Oct. 7, 1940 to Sept. 11, 1941. I last saw h[illegible] alive on Sept. 11, 1941. Death is said to have occurred on the date stated above at 9.30 P.M.

Immediate cause of death	Duration
Senile dementia	1 yr
Arteriosclerosis	2 yrs
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 C. L. D. McLaughlin M.D
Address Vermontville. Mich

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