SOCIAL SECURITY NO. CERTIFICATI	E OF DEATH State File No.
If veteran, name war  MICHIGAN DEPARTMENT OF HEALTH Bureau of Records and Statistics  A TO THE STATE OF THE S	
PULL Clara E. Simpson	Local File No.
PLACE OF DEATH: County  Township City or Village. U Monthfull.  Name of hospital. (If not in hospital, give street address.) Length of the hospital. In this community. 5 Weeks	USUAL RESIDENCE OF DECEASED: State County Eaton  Township City or Village U ermontale . Mul Street No. Mutt L  If foreign born, how long in U. S. A.? years
Sex Color or Race Single, Married, Widowed or Divorced White Widow	MEDICAL CERTIFICATION  Date of death / - 26 1942
Name Name S. Age. if alive  Birth date of deceased May 1 1857  Age: Years Months Days If less than one day  Birthplace May 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I hereby certify that I attended the deceased from 1-23,  1942 to 1-25, 1942 I last saw here a live on 1-25, 1942 I last saw here a live on 1-25, 1942 I last saw here a live on 1-25, 1942 I last saw here a live on the date stated above at 4.15 A. M.  Duration  Immediate cause of death  Transled  Transled
Burial, cremation or removal (Circle the word which applies)  Place ) removal (Circle the word which applies)  Commercial County  Date 1 - 28, 1942  Funeral director's K. W. and  Address V. exponentially mich.	In case of violence, state if accident, homicide or suicide
Filed 2-2 1948 a. L. Barretter	Signature C. L. D. M. Langhling