

SOCIAL SECURITY NO.

If veteran, name war

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH

Bureau of Records and Statistics

State File No.

FULL
NAME

Eugene Cary

Local File No.

PLACE OF DEATH:

County

Township

City or Village

Name of hospital

Length of

stay: In hospital

(If not in hospital, give street address.)

In this community

USUAL RESIDENCE OF DECEASED:

State

County

Township

City or Village

Street No.

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

years

Sex

Color or Race

Single, Married, Widowed
or Divorced

Male

White

Widowed

NAME OF HUSBAND or WIFE

Name

Mable Cary

Age, if alive

Birth date of deceased

11

- 20

1859

Age: Years

Months

Days

If less than one day

82

5

1

hrs.

min.

Birthplace

Vermontville Township

Usual occupation

Retired

Industry or business

Father

Name

George Cary

Birthplace

Vermontville Mich.

Mother

Maiden Name

Ann McCausland

Birthplace

Ireland

Informant

Donald Cary

Address

Vermontville Mich.

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

Place

Vermontville Mich.

Cemetery

Woodlawn

Date 4-23, 1942

Funeral director's

signature

K. K. Ward

Address

Vermontville Mich.

Filed

4-23

1942

A. L. Banningham

Local Registrar

MEDICAL CERTIFICATION

Date of death

4-21

1942

I hereby certify that I attended the deceased from

Mar 15

1942

to 4-21

1942

I last saw him alive on

4-20

1942

Death is said to have occurred on the

date stated above at

39

M.

Duration

Immediate cause of death

arterio Sclerosis

10 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

L. Donald Kelsey DO

Address

Vermontville Mich.