

SOCIAL SECURITY NO.

None

If veteran, name war

None

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics

State File No.

FULL
NAME

Beeler B. Hall

Local File No.

3

PLACE OF DEATH:

County

Eaton

Township

City or Village Vermontville Mich.

Name of hospital

(If not in hospital, give street address.)

Length of

stay: In hospital

In this community 60

USUAL RESIDENCE OF DECEASED:

State

Mich.

County

Eaton

Township

City or Village Vermontville Mich.

Street No.

North Main Street

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

Charles Hall

Age, if alive

Birth date of deceased

Mar 19 - 1861

Age: Years

81

Months

3

Days

9

If less than one day

hrs.

min.

Birthplace

Holly Mich.

Usual occupation

Retired

Industry or business

Father

Name

John Mahan

Birthplace

Ireland

Mother

Maiden Name

Annastasia Tobin

Birthplace

Ireland

Informant

Mrs Anna Thomas

Address

Lansing Mich.

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

Place

Vermontville Mich.

Cemetery Woodlawn

Date

7-11, 1944

Funeral director's
signature

K. K. Ward

Address

Vermontville Mich.

Filed

7-11, 1944

A. L. Birmingham

Local Registrar

MEDICAL CERTIFICATION

Date of death

July 8th

1944

I hereby certify that I attended the deceased from Apr. 20, 1942 to July 8, 1944. I last saw her alive on

July 7, 1944. Death is said to have occurred on the date stated above at 7:15 P. M.

Duration

Immediate cause of death

Pernicious anemia

54 yrs

apoplexy

3 days

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. M. Laughlin

Address

Vermontville Mich.