017

SOCIAL SECURITY NO. None

If veteran, name war None

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics

Reported to Co. clerk 2-15-43

State File No.

FULL NAME William Turner White

Local File No.

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 3 yrs

USUAL RESIDENCE OF DECEASED:
State Mich County Eaton
Township
City or Village Vermontville
Street No. 311 North Main
If foreign born, how long in U. S. A.? years

Sex Male | Color or Race White | Single, Married, Widowed or Divorced Widowed

NAME OF HUSBAND or WIFE
Name Adelaide White Age, if alive —

Birth date of deceased 8-28, 1862

Age: Years	Months	Days	If less than one day
80	4	19	hrs. min.

Birthplace Ottawa County, Mich.
Usual occupation Retired
Industry or business

Father: Name Jas. White; Birthplace England
Mother: Maiden Name Elizabeth Turner; Birthplace England.

Informant Eva White
Address Vermontville, Mich.

Burial, cremation or removal (Circle the word which applies)
Place LaMont, Mich.
Cemetery LaMont Date 1-21, 1943

Funeral director's signature K. K. Ward
Address Battle Creek, Mich.

Filed 1-21, 1943 A. L. Bammerman
Local Registrar

MEDICAL CERTIFICATION

Date of death 1-17, 1943

I hereby certify that I attended the deceased from June 10th 1942 to Jan. 17, 1943. I last saw him alive on 1-17, 1943. Death is said to have occurred on the date stated above at 3 P. M.

	Duration
Immediate cause of death	
Myocarditis	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 Kelley D.O.
Address Vermontville, Mich.