SOCIAL SECURITY NO. CERTIFICATI	E OF DEATH State File No.
If veteran, name war MICHIGAN DEPART	O JUS
Bureau of Record	ls and Statistics
NAME Jessi (M) Simois	Local File No. 4
PLACE OF DEATH:	USUAL RESIDENCE OF DECEASED:
County	State Much County Carr
Township. City or Village Vermontville, much	Township Tology mil.
Name of hospital	Street No. 233 Walnut St
(If not in hospital, give street address.)	If foreign born, how long in U. S. A.?
stay: In hospital In this community 2	
Sex Color or Race Single, Married, Withwed or Divorced	MEDICAL CERTIFICATION
NAME OF HUSBAND OF WIFE	Date of death 12/24 1942
Name Levi S. Summer Age, if alive 70 yr	I hereby certify that I attended the deceased from May 1 M
Birth date of deceased 7-10- 18/8/	19 42 to Ulu 24", 1941 I last saw her five on
Age: Years Months Days If less than one day	Death: 23, 1942 Death is said to have occurred on the
61 5 14 hrs. min.	date stated above atM. Duration
Birthplace & agle. Mich	Arganic heart disease & W
Usual occupation 1 Housewife	
Industry or business	arterio Selerosis 2 cro,
Name Umm De With	nephritis, 3 Joseph
Birthplace Much.	Other contributory causes of Importance
Maiden Name Marilla Cahuell	1
Birthplace Mich	Major findings and dates:
9	Of operations
Informant AWO 5.5 mmm	
Address Vermontville. Much.	Of autopsy
(Burial,) cremation or removal (Circle the word which applies)	
Place him delge much	In case of violence, state if accident, homicide or suicide
Comotory Oakufor Date 12/28, 1943	Date, 19
Funeral director's V V W	Where did injury occur? (Specify city, county, or state)
signature A Mill aug	In industry, home or public place?
Address V urmenter 1 le marche	Was disease or injury related to occupation of deceased?
1 2 90	Signature C. L. D. Mc Laughlin M.D.
Filed 2 2 1949 U.Z. 3 army Coral Registrar	Address V irmontalle & much
Lotal Registral	