

SOCIAL SECURITY NO.

CERTIFICATE OF DEATH

State File No.

If veteran, name war

MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and StatisticsFULL
NAME

Emme Blanch Lake

Reported clerk
to 2-15-43

Local File No. 2

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 50 yrs

USUAL RESIDENCE OF DECEASED:

State

Mich County Eaton

Township

City or Village

Vermontville

Street No.

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

years

Sex

Male

Color or Race

White

Single, Married, Widowed
or Divorced

Widow

NAME OF HUSBAND or WIFE

Name

Arvin Lake

Age, if alive

-

Birth date of deceased

8-9

1876

Age: Years

Months

Days

If less than one day

72

5

26

hrs.

min.

Birthplace

Penn

Usual occupation

Home Keeper

Industry or business

Home

Father

Name

Levi Sherry

Birthplace

Penn.

Mother

Maiden Name

Melvina Crane

Birthplace

Penn.

Informant

Mrs Elva Briggs

Address

Vermontville Mich

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

Place

Sunfield Mich

Cemetery

Freemont

Date

2-8, 1943

Funeral director's
signature

Ralph Hess

Address

Vermontville Mich

Filed

2-8

1943

A. L. B. Armstrong

Local Registrar

MEDICAL CERTIFICATION

Date of death

2-5

1943

I hereby certify that I attended the deceased from June 15,

1935 to 2-4, 1943. I last saw him alive on

2-4

1943. Death is said to have occurred on the

date stated above at 5 A. M.

Duration

Immediate cause of death

Myocarditis

10 yrs

Other contributory causes of importance

Angina Pectoris

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 MD

Address

Vermontville Mich