SOCIAL SECURITY NO. None

If veteran, name war None

Reported to C. Clerk 1-19-43

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics

State File No.

FULL NAME William Kroger

Local File No. 3

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 6 yrs

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

Sex	Color or Race	Single, Married, Widowed or Divorced
M	W	divorced

NAME OF ~~HUSBAND~~ or WIFE
Name Bessie Kroger Age, if alive 58
Birth date of deceased Sept. 10th, 1873

Age: Years	Months	Days	If less than one day
69	5	14	hrs. min.

Birthplace Dearborn, Mich.
Usual occupation Retired
Industry or business

Father — Name Christian Kroger
Father — Birthplace Germany

Mother — Maiden Name Lucinda Walker
Mother — Birthplace Dearborn, Mich.

Informant Frank Kroger
Address Vermontville, Mich.

(Burial, cremation or removal (Circle the word which applies)
Place Vermontville, Mich.
Cemetery Woodlawn Date 2-28, 1943

Funeral director's signature K. K. Ward
Address Vermontville, Mich.

Filed 2/28, 1943 A. L. Bamingham
Local Registrar

MEDICAL CERTIFICATION

Date of death 2-24 1943

I hereby certify that I attended the deceased from 2-24, 1941 to 2-24, 1943. I last saw him alive on 1-18, 1943. Death is said to have occurred on the date stated above at ~ M.

Immediate cause of death	Duration
Organic heart disease	1 hr

Other contributory causes of importance
O.K. A. C. Cheney Coroner

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. D. McLaughlin M.D.
Address Vermontville, Mich.

413