

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

William J. Ferris

Local File No. 4

PLACE OF DEATH:

County

Township

City or Village

Name of hospital

(If not in hospital, give street address.)

Length of stay: In hospital

In this community

USUAL RESIDENCE OF DECEASED:

State

mich.

County

Township

City or Village

Street No.

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

Sex

M

Color or Race

W.

Single, Married, Widowed or Divorced

married

NAME OF HUSBAND or WIFE

Name

Lura Ferris

Age, if alive

77

Birth date of deceased

July 20-

1858

Age: Years

84

Months

5

Days

22

If less than one day

hrs.

min.

Birthplace

Camden, Ohio

Usual occupation

Retired

Industry or business

Father

Name

alfred Ferris

Birthplace

Unknown

Mother

Maiden Name

L. Nora McCliffen

Birthplace

Unknown

Informant

Mrs Lura Ferris

Address

Vermontville, Mich.

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

Burial

Place

Vermontville, Mich.

Cemetery

Woodlawn

Date

3/15, 1943

Funeral director's signature

R. K. Ward

Address

Vermontville, Mich.

Filed

3/14

1943

A. L. Bammerghin

Local Registrar

## MEDICAL CERTIFICATION

Date of death

March 12

1943

I hereby certify that I attended the deceased from Jan. 10", 1943 to March 11, 1943. I last saw him alive on March 11, 1943. Death is said to have occurred on the date stated above at 9:45 A. M.

Immediate cause of death

Senile Dementia arterio Sclerosis

apoplexy

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. O. Laughlin

Address

Vermontville, Mich.

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