

SOCIAL SECURITY NO.

none

If veteran, name war

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH

Bureau of Records and Statistics

State File No.

JL
ME

Georgiana Knowles

Local File No.

5

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

76

USUAL RESIDENCE OF DECEASED:

State Mich County Eaton

Township

City or Village Vermontville

Street No. East Main St

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

years

MEDICAL CERTIFICATION

Date of death March 20 1943

I hereby certify that I attended the deceased from July 1936 to March 19, 1943. I last saw him alive on March 19, 1943. Death is said to have occurred on the date stated above at 8:45 A. M.

Duration

Immediate cause of death

Myocardial Degeneration 5 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 Kelsey M.D.

Address Vermontville Mich

Female Color or Race White Single, Married, Widowed or Divorced married

NAME OF HUSBAND or WIFE

Name Geo. Knowles Age, if alive 69

Birth date of deceased July 10th 1866

Age: Years 76 Months 8 Days 10 If less than one day hrs. min.

Birthplace Vermontville Township

Usual occupation Housewife

Industry or business

Father Name Washington Thompson

Birthplace Penn.

Mother Maiden Name Deborah Lane

Birthplace Penn.

Informant George Knowles

Address Vermontville Mich.

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

Place Vermontville Mich.

Cemetery Woodlawn Date 3-22, 1943

Funeral director's K. K. Ward

signature

Address Vermontville Mich.

Filed 3/21, 1943 A. L. Birmingham

Local Registrar

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