

SOCIAL SECURITY NO. *none*

If veteran, name war

## CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH  
Bureau of Records and Statistics

State File No.

FULL  
NAME

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

County

Township

City or Village

Street No.

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

years

Sex

Color or Race

Single, Married, Widowed  
or Divorced

NAME OF HUSBAND or WIFE

Name

Age, if alive

Birth date of deceased

Age: Years

Months

Days

If less than one day

hrs.

min.

Birthplace

Usual occupation

Industry or business

Father

Name

Birthplace

Mother

Maiden Name

Birthplace

Informant

Address

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

Place

Cemetery

Date

Funeral director's

signature

Address

Filed

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Local Registrar

## MEDICAL CERTIFICATION

Date of death

I hereby certify that I attended the deceased from

19.41 to 6-9, 1943 I last saw him alive on

6-7, 1943. Death is said to have occurred on the

date stated above at 8:20 P. M.

Immediate cause of death

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

Address

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