

SOCIAL SECURITY NO.

CERTIFICATE OF DEATH

State File No.

MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics

If veteran, name war

FULL
NAME

Sarah Antonette Olin

Local File No.

8

PLACE OF DEATH:

County

Eaton

Township

City or Village

Vermontville Mich

Name of hospital

(If not in hospital, give street address.)

Length of

stay: In hospital

In this community

79 years

USUAL RESIDENCE OF DECEASED:

State

Mich

County

Eaton

Township

City or Village

Vermontville

Street No.

369 South Main St.

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

years

Sex

Female

Color or Race

White

Single, Married, Widowed
or Divorced

Widow

NAME OF HUSBAND or WIFE

Name

Eugene Olin

Age, if alive

—

Birth date of deceased

7-9

1849

Age: Years

94

Months

1

Days

4

If less than one day

hrs.

min.

Birthplace

Wakarusa, Ohio

Usual occupation

Retired

Industry or business

— Louche

Father
Mother

Name

Birthplace

Penn.

Maiden Name

Lucia Swift

Birthplace

Conn.

Informant

Mrs Eva Clark

Address

315 Pleasant St. Charlotte Mich

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

Place

Charlotte Mich

Cemetery

Maple Hill

Date

8/16

1943

Funeral director's

signature

K. K. Ward

Address

Vermontville Mich

Filed

8/16

1943

A. L. Barmingham

Local Registrar

MEDICAL CERTIFICATION

Date of death

8-13

1943

I hereby certify that I attended the deceased from 7-18

1943

to

8-13

, 1943. I last saw h^e alive on

Aug. 12

, 1943. Death is said to have occurred on the

date stated above at

3:05 P. M.

Duration

Immediate cause of death

Starvation unable to swallow food
Infermity of advanced age

6 mo

Other contributory causes of importance

10 yrs

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 MD.

Address

Vermontville Mich

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