SOCIAL SECURITY NO. None

If veteran, name war —

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics

Sent in to Co Clerk 1-3-44

State File No.

FULL NAME Martha Harriet Hay

Local File No. 9

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 85

USUAL RESIDENCE OF DECEASED:
State Mich. County Eaton
Township
City or Village Vermontville, Mich.
Street No. 132 East 1st Street
If foreign born, how long in U. S. A.? years

Sex	Color or Race	Single, Married, Widowed or Divorced
Female	White	Widow

NAME OF HUSBAND or WIFE
Name Frank Hay Age, if alive —

Birth date of deceased 3-30, 1858

Age: Years	Months	Days	If less than one day
85	5	18	hrs. min.

Birthplace Vermontville Township
Usual occupation Retired
Industry or business

Father: Name Asa Benedict; Birthplace New York
Mother: Maiden Name Mckinnon; Birthplace "

Informant Howard Hay
Address Vermontville, Mich

(Burial) cremation or removal (Circle the word which applies)
Place Vermontville, Mich.
Cemetery Woodlawn Date 9/21, 1943

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

Filed 9/21, 1943 A L Barningham Local Registrar

MEDICAL CERTIFICATION

Date of death 9-18, 1943

I hereby certify that I attended the deceased from Jan., 1940 to Sept 18th, 1943 I last saw he alive on Sept. 17, 1943 Death is said to have occurred on the date stated above at 5.15 P.M.

	Duration
Immediate cause of death	
Senile Dementia	2 yrs
arteriosclerosis	6 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 C L. D. McLaughlin M.D.
Address Vermontville, Mich.

419