

SOCIAL SECURITY NO.

If veteran, name war

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics

State File No.

FULL
NAME

Lowell W Jarraud

Local File No.

11

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 2 weeks

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

Male

White

NAME OF HUSBAND or WIFE

Name

Ethel Jarraud

Age, if alive

67

Birth date of deceased

May 5 1876

Age: Years

Months

Days

If less than one day

67

5

24

hrs.

min.

Birthplace

Maple Grove

Usual occupation

Farmer

Industry or business

Farming

Father

Name

William Jarraud

Mother

Name

Ethel Jarraud

Birthplace

Ohio

Maiden Name

Marie Wright

Birthplace

Ohio

Informant

Mrs Ethel Jarraud

Address

Vermontville Mich

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

Place

Maple Grove Township

Cemetery

Wilcox

Date

Dec 2, 1943

Funeral director's

signature

Ralph Hess

Address

Nashville Mich

Filed

12/2

19

43

A L Birmingham

Local Registrar

MEDICAL CERTIFICATION

Date of death

Nov 29

19 43

I hereby certify that I attended the deceased from Sept

19 43 to Nov 29, 19 43 I last saw him alive on

Nov 28, 19 43. Death is said to have occurred on the

date stated above at 3:15 P. M.

Duration

Immediate cause of death

Arterio Sclerosis

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 Kelly DO

Address

Vermontville Mich

1421