

SOCIAL SECURITY NO.

If veteran, name war

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics

State File No.

FULL
NAME

Frederick Levellyn Brockway

Local File No.

141

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

5 yrs

USUAL RESIDENCE OF DECEASED:

State

mich.

County

Eaton

Township

City or Village

Vermontville

Street No.

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

years

Sex

Male

Color or Race

White

Single, Married, Widowed
or Divorced

Married

NAME OF HUSBAND or WIFE

Name

Edna Brockway

Age, if alive

65

Birth date of deceased

Sept. 14

1875

Age: Years

Months

Days

If less than one day

68

6

0

hrs.

min.

Birthplace

Hillsdale Co. mich.

Usual occupation

Retired

Industry or business

Father

Name

Edgar B. Brockway

Birthplace

mich.

Mother

Maiden Name

Delia Brown

Birthplace

New York State

Informant

Mrs. Edgar Brockway

Address

Vermontville. mich.

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

Place

Eaton Co. Lansing. mich.

Cemetery

Dupdele

Date

3/16, 1944

Funeral director's

signature

K K Ward

Address

Vermontville. mich.

Filed

3/16

1944

A. L. Birmingham

Local Registrar

MEDICAL CERTIFICATION

Date of death

March 14

1944

I hereby certify that I attended the deceased from May 1-1944

1944

to May 14

1944 I last saw him alive on

May 13, 1944. Death is said to have occurred on the

date stated above at 4 P.

M.

Duration

Immediate cause of death

Coronary 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 Kelsey D.O.

Address

Vermontville. mich.

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