SOCIAL SECURITY NO.	CERTIFICAT	E OF DEATH State File	No.
nne	MICHIGAN DEPAR	TMENT OF HEALTH	
If veteran, name war	Bureau of Recor	ds and Statistics	
none II	a 1 tel be	Court	
NAME Nutio Stall	9-3	O-414 Local File No. 5	
PLACE OF DEATH: Eaton		USUAL RESIDENCE OF DECEASED:	~
Township		State Much County Call	O.F.C.
City or Village / wynontville		Township 1/4 + 1004	m. l
Name of hospital		City or Village Vernontvolle	ir weep.
(If not in ho	spital, give street address.)	Street No. 234 Walnut . St	
Length of stay: In hospital In this c		If foreign born, how long in U. S. A.?	years
1 - 1 - 1 or	gle, Married, Widowed	MEDICAL CERTIFICATION	
Ferrule White	married	Date of death april 23	1944
NAME OF HUSBAND	70	I hereby certify that I attended the deceased from	ant 6
Name & www. Hall	Age, if alive	1942 to apr 23, 1944. I last/sa	
Birth date of deceased ANN 2	,1864	alw. 21, 1944. Death is said to have o	
Age: Years   Months   Days   3 2	If less than one day		Duration
80 3 2 1	hrs. min.	Immediate cause of death	24.4
Birthplace Very M.A.		Immediate cause of death.	
Usual occupation Houseur	<u> </u>	anterio Salanda	340
Industry or business		adamated age	
" (Name Jasel In aveil	l	& Since Damentia	6m
4			6
(Birthplace V L MM	0.1	Other contributory causes of importance	
Maiden Name M ariah	Tike		
Birthplace ) emont		Major findings and dates:	
0 11 00		Of operations	
Informant Luvis Hall	11		••••••
Address 234 Walnut St V	'tville muh.	Of autopsy	*******************
Burial cremation or removal (Circle th	e word which applies)		
Place Kalama mich	· ·	In case of violence, state if accident, homicide or su	icide
	Date 4/27 , 1944	Date	, 19
Cemetery Kalumo	Date , 19	Where did injury occur?	
Funeral director's	Prau	(Specify city, county,	or state)
signature /// // //	, , , , , ,	In industry, home or public place?	
Address Cherlottel mi	l · / ,	Was disease or injury related to occupation of deces	sed?
0.00	. 0	Signature & LD M & Laugh	lin
Filed 4/27 , 1944 a. T. B	arminghom	Address	011811