

SOCIAL SECURITY NO.

None

If veteran, name war

None

## CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH

Bureau of Records and Statistics

State File No.

FULL NAME

James Edward Wilson

Local File No.

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## 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

79 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

M

Color or Race

White

Single, Married, Widowed

or Divorced

married

NAME OF HUSBAND or WIFE

Name Emily Wilson

Age, if alive

75

Birth date of deceased

Dec 16

1864

Age: Years

79

Months

9

Days

26

If less than one day

hrs.

min.

Birthplace

Kalama, Mich.

Usual occupation

Retired

Industry or business

Father

Name

George Wilson

Birthplace

Ireland

Mother

Maiden Name

Isabelle Kern

Birthplace

Ireland

Informant

Mrs Emily Wilson

Address

Vermontville, Mich.

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

Place

Kalama, Mich

Cemetery

Kalama

Date

10-14

1944

Funeral director's

signature

K. K. Ward

Address

Vermontville, Mich.

Filed

10/14

19

44

A. L. Bannister

Local Registrar

## MEDICAL CERTIFICATION

Date of death

October 12

19

44

I hereby certify that I attended the deceased from

June 1st

1944 to Oct. 12, 1944 I last saw him alive on

Oct. 11, 1944 Death is said to have occurred on the

date stated above at

4:15 A.M.

Duration

Immediate cause of death

Cancer face

15 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

Address

Vermontville, Mich.

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