

SOCIAL SECURITY NO.

If veteran, name was

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics

State File No.

FULL
NAME

Emme Lucinda Mow

Local File No.

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

NAME OF HUSBAND or WIFE

Name William Mow Age, if alive 72

Birth date of deceased Oct 6 - 1866

Age: Years 78 Months 2 Days 8 If less than one day hrs. min.

Birthplace Blue Earth City, Minn.

Usual occupation Housewife

Industry or business

Father Name Fred Sailor

Birthplace N. S. G.

Mother Maiden Name Margaret Monroe

Birthplace N. S. G.

Informant Wm. Mow

Address Vermontville, Mich.

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

Place Three Rivers, Mich.

Cemetery Riverside Date 12-18, 1944

Funeral director's signature Ralph V. Hess

Address Nashville, Mich.

Filed 12/16, 1944 J. L. Barningham Local Registrar

MEDICAL CERTIFICATION

Date of death Dec. 14, 1944

I hereby certify that I attended the deceased from Apr. 10, 1944 to Dec. 14, 1944 I last saw her alive on Dec. 13, 1944

Death is said to have occurred on the date stated above at 10 P. M.

Immediate cause of death

Senile Dementia

apoplexy

Other contributory causes of importance

Major findings and dates:
Of operations

Of autopsy

In case of violence, state if accident, homicide or suicide

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.