

SOCIAL SECURITY NO.

If veteran, name war

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH

Bureau of Records and Statistics

State File No.

FULL
NAME

Local File No.

PLACE OF DEATH:

County

Township

City or Village

Name of hospital

(If not in hospital, give street address.)

Length of

stay: In hospital

In this community

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

MEDICAL CERTIFICATION

Date of death

1945

I hereby certify that I attended the deceased from Jan. 17, 1945 to Jan. 27, 1945. I last saw her alive on Jan. 26, 1945. Death is said to have occurred on the date stated above at 11:30 A. M.

Duration

Immediate cause of death

Bronchitis

10 days

Other contributory causes of importance

Exhaustion from infirmities of age

1 yr

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. M. L. Laughlin M.D.

Address

Vermontville, Mich.

Funeral director's
signature

K. K. W. and

Address

Vermontville, Mich.

Filed 1-29, 1945

A. L. Birmingham

Local Registrar

430