

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

Cora B. Croll

Local File No. 2

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 2 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

Burt Croll

Age, if alive

77

Birth date of deceased

9-26

1879

Age: Years

65

Months

8

Days

0

If less than one day

hrs.

min.

Birthplace

Eaton County, Mich.

Usual occupation

Homemaker

Industry or business

Father

Name

Orlando Andrus

Birthplace

New York

Mother

Maiden Name

Unknown

Birthplace

Unknown

Informant

Burt Croll

Address

Vermontville, Mich.

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

Place

Diamonddale, Mich.

Cemetery

Diamonddale

Date

May 31, 1945

Funeral director's

signature

R. K. Ward

Address

Vermontville, Mich.

Filed

May 31, 1945

Local Registrar

MEDICAL CERTIFICATION

Date of death

May 26

19 45

I hereby certify that I attended the deceased from May 26, 1945 to May 26, 1945 I last saw her alive on

5/26, 1945 Death is said to have occurred on the

date stated above at 8:30 P. M.

Duration

Immediate cause of death

apoplexy

2 hrs

Hypertension

2 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 M.D.

Address

Vermontville, Mich.

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