

SOCIAL SECURITY NO.

None

If veteran, name war

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics

State File No.

FULL
NAME

Anna Belle Tubbs

Local File No. 3

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

60 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 Erin B. Tubbs

Age, if alive 66

Birth date of deceased

Judy 21"

1879

Age: Years

Months

Days

If less than one day

65

11

2

hrs.

min.

Birthplace

Caligan Co. Mich.

Usual occupation

Retired

Industry or business

Father

Name

Austin Randall

Mother

Name

Jackson Co. Mich.

Maiden Name

S. Adell Morton

Birthplace

Indiana

Informant

Mrs. Ava Kroger

Address

Vermontville, Mich.

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

Place

Vermontville, Mich.

Cemetery

Woodlawn

Date

June 25, 1945

Funeral director's

signature

K. K. Ward

Address

Vermontville, Mich.

Filed

June 25, 1945 A. L. Birmingham

Local Registrar

MEDICAL CERTIFICATION

Date of death

June 23

1945

I hereby certify that I attended the deceased from 5-10-

1934

to 6-23

1945 last saw her alive on

6-23, 1945 Death is said to have occurred on the

date stated above at 6:25 A. M.

Duration

Immediate cause of death

Cerebral apoplexy

7 days

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

L. Donald Kelsey D.O.

Address

Vermontville, Mich.

432