SOCIAL SECURITY NO. None

If veteran, name war

Retired To Co Clerk 11-2-45

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics

State File No.

FULL NAME Wayne Eli Hoke

Local File No. 4

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 1 1/2 yrs

USUAL RESIDENCE OF DECEASED:
State Mich. County Eaton
Township
City or Village Vermontville
Street No. 830 Nutt St.
If foreign born, how long in U. S. A.? years

Sex	Color or Race	Single, Married, Widowed or Divorced
Male	White	Divorced

NAME OF HUSBAND or WIFE

Name — Age, if alive —

Birth date of deceased Oct. 26, 1885

Age: Years	Months	Days	If less than one day
59	11	11	hrs. min.

Birthplace Charlotte, Mich.
Usual occupation Retired
Industry or business

Father: Name Isaiah Hoke; Birthplace Unknown

Mother: Maiden Name Mary Palmanter; Birthplace Brookfield, Mich.

Informant Mrs Mary Hoke
Address Vermontville, Mich.

(Burial, cremation or removal (Circle the word which applies)
Place Vermontville, Mich.
Cemetery Woodlawn Date 10/9, 1945

Funeral director's signature K. K. Ward
Address Vermontville, Mich.

Filed Oct. 9, 1945 A. L. Barningham
Local Registrar

MEDICAL CERTIFICATION

Date of death Oct. 7th 1945

I hereby certify that I attended the deceased from 10-4, 1945 to 10-7, 1945 I last saw him alive on 10-7, 1945 Death is said to have occurred on the date stated above at 3 9 M.

	Duration
Immediate cause of death: Myocardial failure	24 hrs
Other contributory causes of importance: Gross intestinal Cancer	2 yrs

Major findings and dates:
Of operations None
Of autopsy

In case of violence, state if accident, homicide or suicide ns
Date —, 19
Where did injury occur? ns (Specify city, county, or state)
In industry, home or public place?
Was disease or injury related to occupation of deceased? no

Signature Stewart Lofdahl M.D.
Address Nashville, Mich.

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