

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

Theodore L. Northrup

Local File No.

7

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 30

USUAL RESIDENCE OF DECEASED:

State

Mich.

County

Eaton

Township

City or Village

Vermontville

Street No.

314 North Main

If foreign born, how long in U. S. A.?

years

Sex

Male

Color or Race

White

Single, Married, Widowed or Divorced

Widowed

NAME OF HUSBAND or WIFE

Name

Malanah Northrup

Age, if alive

Birth date of deceased

Feb. 5, 1864, 1945

Age: Years

81

Months

9

Days

28

If less than one day

hrs.

min.

Birthplace

Battle Creek, Mich.

Usual occupation

Retired

Industry or business

Father
Mother

Name

Wm Northrup

Birthplace

England

Maiden Name

Elizabeth Loger

Birthplace

England

Informant

V. O. Northrup

Address

Coldwater, Mich.

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

Place

Vermontville, Mich.

Cemetery

Woodlawn

Date

Dec. 6, 1945

Funeral director's signature

K. R. Ward

Address

Vermontville, Mich.

Filed

Dec. 5, 1945 A. L. Birmingham

Local Registrar

MEDICAL CERTIFICATION

Date of death

Dec. 3, 1945

1945

I hereby certify that I attended the deceased from Nov. 20, 1941 to Dec. 3, 1945. I last saw him alive on Dec. 3, 1945. Death is said to have occurred on the date stated above at 4 P. M.

Immediate cause of death

Cancer of Stomach

4 Mo

Other contributory causes of importance

Advanced age

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

Address

Vermontville, Mich.

434