If veteran, name was was michigan Depart	E OF DEATH State File No. State File No. Local File No. 2	
PLACE OF DEATH: Eaton County. Township. City or Village / Amountable. Name of hospital. Length of (If not in hospital, give street address.) atay: In hospital In this community 3 400	USUAL RESIDENCE OF PECEASED: State Min County Eaton Township City or Village Vermontville Street No. 17 Walnut Struk	ears
Male Color or Race Single, Married, Willowed or Divorced or Divorced NAME OF HUSBAND or WIFE	MEDICAL CERTIFICATION Date of death 3/ 15 194	46
Name was End Age, if alive 510 Birth date of deceased wy 28 ,1882 Age: Years Months Days If less than one day 63 5 17 hrs. min. Birthplace Maple Waye - Mich:	1 hereby certify that I attended the deceased from and 5 1945 to Man 25, 1946. I last saw virally Man 25, 1946. Death is said to have occurred on date stated above at \$454 M. Durat Immediate cause of death.	the
Industry or business. Name and English	arteris 3 clerous 5 y	rs
Birthplace New York State Maiden Name Maggie mitchell Birthplace much.	Major findings and dates: Of operations	yr
Address Vermontille . Much (Burial cremation or removal (Circle the word which applies)	Of autopsy.	
Place MI aple Grove, mich. Cometery Willow Date 3/28, 1946 Funeral director's & W and	Un case of violence, state if accident, homicide or suicide	
Addross / ermontville much. Filod 3/28, 1946 a. L. Barningham	Was disease or injury related to occupation of deceased? Signature L. Donald Kulsuy J. D. Address U sympatrilly - Which is	