

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

Alice Nora Shellenbarger

Local File No.

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 50 yrs

USUAL RESIDENCE OF DECEASED:

State

Mich.

County

Eaton

Township

City or Village Vermontville

Street No. 144 West 5th Street

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

years

Sex

Female

Color or Race

White

Single, Married, Widowed  
or Divorced

Widow

NAME OF HUSBAND or WIFE

Name

Julius Shellenbarger

Age, if alive

5-4

1866

Birth date of deceased

Age: Years

Months

Days

If less than one day

86

0

10

hrs.

min.

Birthplace

Augusta, Mich.

Usual occupation

Retired

Industry or business

Father

Name

James Pendell

Birthplace

Unknown

Mother

Maiden Name

Ellen Sherwood

Birthplace

Unknown

Informant

Herman Hull

Address

Vermontville, Mich.

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

Place

Vermontville, Mich.

Cemetery

Woodlawn

Date May 17, 1946

Funeral director's

signature

H. K. Ward

Address

Vermontville, Mich.

Filed

May 16, 1946 A. L. Birmingham

Local Registrar

## MEDICAL CERTIFICATION

Date of death

5-14

1946

I hereby certify that I attended the deceased from July 1935 to 5-14, 1946. I last saw her alive on May 13, 1946. Death is said to have occurred on the date stated above at 9 9 M.

Immediate cause of death

Acute Biliary Obstruction 4 days

Other contributory causes of importance

arterio Sclerosis

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 Kelley D.O.

Address

Vermontville, Mich.

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