

SOCIAL SECURITY NO.
367-12-2095

If veteran, name war

None

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH

Bureau of Records and Statistics

State File No.

FULL
NAME

James H. Sisybery

Reported to Co. Clerk
12-2-46

Local File No. 8

PLACE OF DEATH:

County Eaton

Township

City or Village Vermontville

Name of hospital 245 Forest St.
(If not in hospital, give street address.)

Length of stay: In hospital In this community Life

USUAL RESIDENCE OF DECEASED:

State Mich. County Eaton

Township

City or Village Vermontville Mich.

Street No. 245 Forest Street

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

Sex

Male

Color or Race

White

Single, Married, Widowed
or Divorced

married

NAME OF HUSBAND or WIFE

Name Edna Sisybery Age, if alive 48

Birth date of deceased Mar. 22, 1875

Age: Years 71 Months 6 Days 29 If less than one day hrs. min.

Birthplace Hastings Mich

Usual occupation Laborer

Industry or business

Name Mrs Sisybery

Birthplace Mich.

Mother Maiden Name Viola Strickland

Birthplace Mich.

Informant J. K. Machiols

Address Charlotte Mich.

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

Place Nashville Mich.

Cemetery Lakeview Date 10-24-1946

Funeral director's signature K. K. Ward

Address Vermontville Mich.

Filed Oct. 23, 1946 A. R. Birmingham
Local Registrar

MEDICAL CERTIFICATION

Date of death Oct. 21 st 1946

I hereby certify that I attended the deceased from Mar. 22, 1942 to Oct. 21, 1946 I last saw him alive on Oct. 21, 1946. Death is said to have occurred on the date stated above at 12:30 P. M.

Immediate cause of death
Acute Uremia 4 days

Other contributory causes of importance
Hypertrophic Prostatitis 5 yrs

Major findings and dates:
Of operations none

Of autopsy none

In case of violence, state if accident, homicide or suicide

none Date 19

Where did injury occur? none
(Specify city, county, or state)

In industry, home or public place? no

Was disease or injury related to occupation of deceased? no

Signature Stewart Lofdash M.D.

Address Nashville Mich.

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