| SOCIAL SECURITY NO. CERTIFICAT | E OF DEATH |
|--|---|
| MICHIGAN DEPARTMENT OF HEALTH State File No. | |
| Bureau of Records and Statistics | |
| NAME adu Floretta Toursens Pour Local File No. 6 | |
| PLACE OF DEATH: Eaton - | USUAL RESIDENCE OF DECEASED: Eaton |
| Township | Township |
| City or Village V symmwelle | City or Village Vermontville. mich |
| Name of hospital (If not in hospital, give street address.) Length of | Street No. 176 4th Street West |
| stay: In hospital In this community | If foreign born, how long in U. S. A.?yea |
| Sex Color or Race Single, Married, Widowed or Divorced or Divorced | MEDICAL CERTIFICATION |
| NAME OF HUSBAND OF WIFE | Date of death 25 1946 |
| Name Carl Townsend Age, if alive 76 | I hereby certify that I attended the deceased from July 10 |
| Birth date of deceased 10-24 1876 | 19 40 to aug 205 , 19 46. I last saw 1 40 alive of |
| Age: Years Months Days If less than one day | date wated above at 8 P. M. Duratio |
| 0 1: 1 - 1 | Immediate cause of death. |
| Birthplace 12 altumnu muh | arterio Selerosis 2 y |
| Usual occupation 1 | |
| Industry or business | Coronary accusion 5 W |
| Name Chus 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1 |
| Birthplace | Other contributory duses of importance |
| Maiden Name Julia 7. Curry | |
| Birthplace Julio | Major findings and dates: Of operations |
| Informant Earl Toursend 1 | |
| Address Vermontville much. | Of autopey |
| (Burial, cremation or removal (Circle the word which applies) | |
| Maco Machville, mich. | In case of violence, state if accident, homicide or suicide |
| Comotory Lakerrus Dato 8-29, 1946 | |
| Funeral director's A A M | Where did injury occur? (Specify city, county, or state) |
| signature / SA. Ward | In industry, home or public place? |
| Address Vermon Trille much. | Was disease or injury related to occupation of deceased? |
| 6.20 | Signature C LD Mª Laughlin, 7 |
| Filoding 27, 1946 4 7 January hocal Registrar | Address Vermontiille Amuh |
| | OK OO O |