

SOCIAL SECURITY NO.

none

If veteran, name war

none

## CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH  
Bureau of Records and Statistics

State File No.

FULL  
NAME

Angus Grunlees

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 14 yrs

USUAL RESIDENCE OF DECEASED:

State

Mich.

County

Eaton

Township

City or Village

Vermontville

Street No.

174 East 1st Street

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

14

years

Sex

Male

Color or Race

White

Single, Married, Widowed  
or Divorced

Married

NAME OF HUSBAND or WIFE

Name

Catherine Grunlees (on mental inst.)

Age, if alive, unknown

Birth date of deceased

June 1 -

1871

Age: Years

Months

Days

If less than one day

75

9

18

hrs.

min.

Birthplace

Canada

Usual occupation

Retired

Industry or business

Father

Name

David Grunlees

Birthplace

Canada

Mother

Maiden Name

Jane McNeil

Birthplace

Canada

Informant

Jennie McPhail

Address

15387 Woodingham Detroit

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

Place

Redford, Mich

Cemetery

Grand Lawn

Date Oct. 22, 1946

Funeral director's

signature

K. K. Ward

Address

Vermontville, Mich.

Filed

Oct. 20, 1946 A. L. Birmingham

Local Registrar

## MEDICAL CERTIFICATION

Date of death

Oct 19th

1946

I hereby certify that I attended the deceased from July

1946 to Oct 19, 1946. I last saw him alive on

Oct 19, 1946. Death is said to have occurred on the

date stated above at 8 P. M.

Duration

Immediate cause of death

Cerebral apoplexy

24 hrs

Other contributory causes of importance

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 Kelsey M.D.

Address

Vermontville, Mich

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