

SOCIAL SECURITY NO. <u>none</u> If veteran, name war <u>none</u>		CERTIFICATE OF DEATH MICHIGAN DEPARTMENT OF HEALTH Bureau of Records and Statistics		State File No. _____ Local File No. <u>10</u>	
FULL NAME <u>Eideon A. Bale</u>					
PLACE OF DEATH: County <u>Eaton</u> Township _____ City or Village <u>Vermontville</u> Name of hospital _____ Length of stay: In hospital _____ In this community _____			USUAL RESIDENCE OF DECEASED: State <u>Michigan</u> County <u>Eaton</u> Township <u>Sunfield</u> City or Village _____ Street No. _____ If foreign born, how long in U. S. A.? _____		
Sex <u>Male</u> Color or Race <u>White</u> Single, Married, Widowed or Divorced <u>Widowed</u>		MEDICAL CERTIFICATION			
NAME OF HUSBAND or WIFE Name <u>Nettie Bale</u> Age, if alive <u>—</u> Birth date of deceased <u>June 5</u> , 18 <u>58</u> Age: Years <u>88</u> Months <u>6</u> Days <u>19</u> If less than one day _____ hrs. _____ min.		Date of death <u>Dec. 24</u> I hereby certify that I attended the deceased from <u>Jan. 1936</u> to <u>Dec. 24</u> , 19 <u>46</u> . I last saw him <u>Dec. 23</u> , 19 <u>46</u> . Death is said to have occurred date stated above at <u>9.30 A.M.</u> Immediate cause of death <u>Embolus in left leg. apoplexy</u> Other contributory causes of importance _____ Major findings and dates: Of operations _____ Of autopsy _____			
Birthplace <u>Lewiston New York</u> Usual occupation <u>Farmer</u> Industry or business _____ Father { Name <u>Charles Bale</u> Birthplace <u>New York</u> Mother { Maiden Name <u>Anna Shippy</u> Birthplace <u>New York</u>		Informant <u>Mrs. Ald Baworth</u> Address <u>Mulliken, Mich. R.F.D.#1</u> (Burial, cremation or removal (Circle the word which applies) Place <u>Sunfield, Mich.</u> Cemetery <u>Welch</u> Date <u>Dec. 28, 1946</u>			
Funeral director's signature <u>Jack B. Mapes</u> Address <u>Sunfield, Mich.</u> Filed <u>Dec. 26, 1946</u> <u>A.L. Birmingham</u> Local Registrar		In case of violence, state if accident, homicide or suicide _____ Date _____ 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 <u>C.L.D. McLaughlin</u> Address <u>Vermontville, Mich.</u>			

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