SOCIAL SECURITY NO. None

If veteran, name war None

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics

Referred to Coroner 3-3-47

State File No. 1

FULL NAME Ray Smith

Local File No. 1

PLACE OF DEATH
County Eaton
Township
City or Village Vermontville
Name of hospital 688 South Main
(If not in hospital, give street address.)
Length of stay: In hospital — In this community —

USUAL RESIDENCE OF DECEASED:
State Mich County Eaton
Township
City or Village Vermontville
Street No. 688 South Main
If foreign born, how long in U. S. A.? years

Sex	Color or Race	Single, Married, Widowed or Divorced
Male	White	Single

NAME OF HUSBAND or WIFE
Name None Age, if alive

Birth date of deceased Aug 12th, 1876

Age: Years	Months	Days	If less than one day
70	5	20	hrs. min.

Birthplace Vermontville Mich
Usual occupation Retired
Industry or business

Father — Name Harley J Smith; Birthplace N Y Penn

Mother — Maiden Name Mary Lena Barnes; Birthplace Mich

Informant Merle Smith
Address 132 W Burnham Battle Creek

(Burial), cremation or removal (Circle the word which applies)
Place Vermontville Mich
Cemetery Woodlawn Date 2-5, 1947

Funeral director's signature K K Ward
Address Vermontville Mich

Filed Feb 4, 1947 A L Bassingthwaite
Local Registrar

MEDICAL CERTIFICATION

Date of death February 2nd 1947

I hereby certify that I attended the deceased from ..., 19... to ..., 19... I last saw h___ alive on ..., 19... Death is said to have occurred on the date stated above at 3.40 P M.

Immediate cause of death — Duration

Coronary Thrombosis

Other contributory causes of importance

Major findings and dates:
Of operations none
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? No

Signature M D Burkhead Coroner
Address Charlotte Mich

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