

SOCIAL SECURITY NO.

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics

State File No.

If veteran, name war

FULL
NAME

Howard B. Hay

Local File No.

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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

Life

USUAL RESIDENCE OF DECEASED:

State

Mich.

County

Eaton

Township

City or Village

Vermontville

Street No.

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

Blanche Hay

Age, if alive

54

Birth date of deceased

Jan 12

1890

Age: Years

Months

Days

If less than one day

57

6

16

hrs.

min.

Birthplace

Vermontville Mich.

Usual occupation

Salesman

Industry or business

Father

Name

Frank E. Hay

Birthplace

Indiana

Mother

Maiden Name

Martha H. Benedict

Birthplace

Vermontville Mich.

Informant

Mrs Howard Hay

Address

Vermontville Mich.

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

Place

Vermontville Mich.

Cemetery

Woodlawn

Date

July 31, 1947

Funeral director's

signature

Ralph V. Hess

Address

Machville Mich.

Filed

July 30, 1947

A. L. Birmingham

Local Registrar

MEDICAL CERTIFICATION

Date of death

July 28

1947

I hereby certify that I attended the deceased from July 24-1947

to July 28

1947. I last saw him

alive on

July 28

1947. Death is said to have occurred on the

date stated above at

11 P. M.

Duration

Immediate cause of death

Carcinoma of Liver 1 yr

Other contributory causes of importance

myocarditis

Major findings and dates:

Of operations

Of autopsy

Carcinoma of Liver

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 D.O.

Address

Vermontville Mich.

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