

SOCIAL SECURITY NO.

None

If veteran, name war

No

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH

Bureau of Records and Statistics

State File No.

FULL
NAME

William B. Thompson

Local File No. 5

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

USUAL RESIDENCE OF DECEASED:

State Mich.

County

Eaton

Township

Vermontville

Mich.

City or Village

R. F. D # 1

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 Thompson

Age, if alive

65

Birth date of deceased

Aug. 10

1872

Age: Years

75

Months

2

Days

18

If less than one day

hrs.

min.

Birthplace

Vermontville, New York

Usual occupation

Retired

Industry or business

Father

Name

Hattie Thompson

Birthplace

Vermontville, N. Y.

Mother

Maiden Name

Ann Lowry

Birthplace

New York

Informant

Mrs Blanche Thompson

Address

Vermontville, Mich.

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

Place Vermontville, Mich.

Cemetery Woodlawn Date Oct. 31, 1947

Funeral director's

signature

K. K. Ward

Address

Vermontville, Mich.

Filed

Oct. 31, 1947 A. L. Birmingham

Local Registrar

MEDICAL CERTIFICATION

Date of death

Oct. 28

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 7:55 P. M.

Duration

Immediate cause of death

Coronary Occlusion 3 mi

Other contributory causes of importance

arterio sclerosis yrs

Major findings and dates:

Of operations

Of autopsy

none

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

M. D. Burkhead Coroner

Address

Charlotte, Mich.

451