SOCIAL SECURITY NO. 379-22-1706

If veteran, name war None

Reported to Co. Clerk 12-7-48

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics

State File No.

FULL NAME James Milton Lent

Local File No. 3

PLACE OF DEATH:
County Eaton
Township
City or Village Vermontville. Mich.
Name of hospital 135 South Main St.
(If not in hospital, give street address.)
Length of stay: In hospital 0 In this community 24

USUAL RESIDENCE OF DECEASED:
State Mich. County Eaton
Township
City or Village Vermontville. Mich.
Street No. 208 East Main St.
If foreign born, how long in U. S. A.? No years

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

NAME OF HUSBAND or WIFE
Name Adella Lent Age, if alive 72

Birth date of deceased Nov. 22", 1875

Age: Years	Months	Days	If less than one day
74	10	13	hrs. min.

Birthplace Belleville Ont. Canada
Usual occupation Salesman
Industry or business Fuller Brush Co
Father: Name James M. Lent
Birthplace Ontario, Canada
Mother: Maiden Name Lydia M. Snider
Birthplace Ontario, Canada
Informant Mrs Adella Lent
Address Vermontville. Mich.

Burial, cremation or removal (Circle the word which applies)
Place Vermontville. Mich.
Cemetery Woodlawn Date Dec 8", 1948

Funeral director's signature K. K. Ward.
Address Vermontville. Mich.

Filed 10-7", 1948 A. L. Barningham Local Registrar

MEDICAL CERTIFICATION

Date of death October 5th, 1948

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 about 9.30 P.M.

Duration

Immediate cause of death
Fall down stairs
Laceration & injury of head. Skull Fracture?

Other contributory causes of importance
Hemorrhage from Nose - Mouth & ears

Major findings and dates:
Of operations

Of autopsy none

In case of violence, state if accident, homicide or suicide
accident Date Oct 5th, 1948
Where did injury occur? Vermontville. Mich.
(Specify city, county, or state)
In industry, home or public place? Public place
Was disease or injury related to occupation of deceased? No
Signature M. D. Burkhead Coroner
Address Charlotte. Mich.

455