SOCIAL SECURITY NO.

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics

Reported to co clerk 2-17-49

State File No.

If veteran, name war: None

FULL NAME: Lionel Guy Cole

Local File No. X 1

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 0 In this community 34 years

USUAL RESIDENCE OF DECEASED:
State: Mich. County: Eaton
Township:
City or Village: Vermontville
Street No. 249 So Main Street
If foreign born, how long in U. S. A.? — years

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

NAME OF HUSBAND or WIFE
Name: Birdie Cole Age, if alive: 52
Birth date of deceased: 4-8, 1897

Age: Years	Months	Days	If less than one day
51	10	5	hrs. min.

Birthplace: Kent County, Mich.
Usual occupation: Grocerman
Industry or business: Grocery Store

Father — Name: Frank Cole
Father — Birthplace: Kent Co. Mich.

Mother — Maiden Name: Minnie Clark
Mother — Birthplace: Kent Co. Mich

Informant: Mrs Birdie Cole
Address: Vermontville. Mich

Burial, cremation or removal (Circle the word which applies)
Place: Hastings, Mich.
Cemetery: Riverside Date: 2/17, 1949

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

Filed 2/14, 1949 A. L. Barningham Local Registrar

MEDICAL CERTIFICATION

Date of death: Feb 13th 1949

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 9.15A M.

Duration
10 Mi

Immediate cause of death: Coronary Occlusion

Other contributory causes of importance:

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. L. Burkhead Coroner
Address: Charlotte. Mich.

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