SOCIAL SECURITY NO. None

If veteran, name war None

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics

Returned to Co. Clerk 2-21-49

State File No.

FULL NAME Wyness G. Foster

Local File No. 2

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 14 yrs

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

NAME OF HUSBAND or WIFE
Name Hattie Foster Age, if alive

Birth date of deceased , 1

Age: Years	Months	Days	If less than one day
84	10	21	hrs. min.

Birthplace Oneida Township Mich.
Usual occupation Farmer.
Industry or business Farming

Father: Name Darwin Foster
Birthplace New York.

Mother: Maiden Name Beintha Cole
Birthplace Ohio.

Informant William Foster.
Address Vermontville, Mich.

Burial, cremation or removal (Circle the word which applies)
Place Grand Ledge Mich.
Cemetery Oakwood Date 2-18, 1949

Funeral director's signature R. G. Teman
Address Grand Ledge Mich.

Filed 2/16, 1949 A. L. Barnum
Local Registrar

MEDICAL CERTIFICATION

Date of death Feb. 15" 1949

I hereby certify that I attended the deceased from Feb. 13", 1949 to Feb. 15", 1949 I last saw him alive on Feb. 13", 1949 Death is said to have occurred on the date stated above at 4.30 P M.

Immediate cause of death	Duration
apoplexy	6 days
Other contributory causes of importance	

Major findings and dates:
Of operations
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?

Signature L. Donald Kelsey M. D.
Address Vermontville, Mich.

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