F-34

LF

CF #365

TYPE, PRINT IN PERMANENT BLACK INK

STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER
0857818

#1

NAME OF DECEDENT — FOR USE BY PHYSICIAN OR INSTITUTION

DECEDENT

1 DECEDENT'S NAME (First, Middle, Last): Elsie Mae Smith

2 SEX: Female

3 DATE OF DEATH (Month, Day): September 28,

4a AGE - Last Birthday (Years): 59

4b UNDER 1 YEAR — MONTHS: | DAYS:

4c UNDER 1 DAY — HOURS: | MINUTES:

5 DATE OF BIRTH (Month, Day, Year): December 17, 1934

6 COUNTY OF DEATH: Eaton

7a LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c.) HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number): 5220 Vermontville Hwy

7b IF HOSP OR INST Inpatient, Op /Emer Room, DOA (Specify):

7c CITY, VILLAGE, OR TOWNSHIP OF DE: Chester Twp.

8 SOCIAL SECURITY NUMBER: 371-329-905

9a USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Proprietor

9b KIND OF BUSINESS OR INDUSTRY: Restaurant

10a CURRENT RESIDENCE STATE: Michigan

10b COUNTY: Eaton

10c LOCALITY (Check one box and specify)
☐ INSIDE CITY OR VILLAGE OF
☒ TWP OF Chester

10d STREET AND NUMBER: 5220 Vermontville Hwy

10e ZIP CODE: 48813

11 BIRTHPLACE (City and State or Foreign Country): Auburn, Ind.

12 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married

13 SURVIVING SPOUSE (If wife, give name before first married): Ronald E. Smith

14 WAS DECEDENT IN U.S. ARMED FO (Specify Yes or N): No

15 ANCESTRY - Mexican, Puerto Rican, Cuban, Central or South American, Chicano, other Hispanic, Afro-American, Arab, English, French, Finnish, etc (Specify below): German, Spanish, Scotch

16 RACE - American Indian, Black, White, etc If Asian, give nationality i.e., Chinese, Filipino, Asian Indian, etc (Specify below): White

17. DECEDENT'S EDUCATION (Specify only highest grade co

Elementary/Secondary (0-12): 12

College (1-4 or 5

PARENTS

18 FATHER'S NAME (First, Middle, Last): Walter Craig

19 MOTHER'S NAME (First, Middle, Surname before first married): Marie Shutt

INFORMANT

20a INFORMANT'S NAME (Type/Print): Ronald E. Smith

20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, ZIP Code): 5220 Vermontville Hwy. Charlotte, MI 48813

21 METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (specify): Cremation

22a PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place):

22b LOCATION - City or Village, State