

SOCIAL SECURITY NO.

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics

State File No.

73 8255

If veteran, name war

FULL NAME **Frank E. Hayden**

Local File No. **18**

PLACE OF DEATH:

County **Saginaw**

Township **Chesaning**

City or Village **Chesaning N. Line St.**

Name of hospital _____
(If not in hospital, give street address.)

Length of stay: In hospital _____ In this community _____

USUAL RESIDENCE OF DECEASED:

State **Michigan** County **Saginaw**

Township **Chesaning**

City or Village **Chesaning**

Street No. **N. Line St.**

Citizen of Foreign Country? _____
If foreign born, name and date of immigration _____

Was Name Country? _____

Sex **M** Color or Race **W** Single, Married, Widowed or Divorced **W**

MEDICAL CERTIFICATION

Date of death **Oct. 18, 1943**

NAME OF HUSBAND or WIFE

Name **Abbie Hayden** Age, if alive _____

I hereby certify that I attended the deceased from **October 13, 1943** to **October 16, 1943**. I last saw him alive on **Oct. 16, 1943**. Death is said to have occurred on the date stated above at **11-30 PM**.

Birth date of deceased **Oct. 23, 1864**

Age: Years **78** Months **11** Days **26** If less than one day _____ hrs. _____ min.

Immediate cause of death: **Acute gastritis**
Malnutrition

Duration
1 day
3 mos.

Birthplace **St Johns Mich.**

Usual occupation **Farmer**

Industry or business _____

Father { Name **Edwin C. Hayden**

Birthplace **Delta Mich.**

Mother { Maiden Name **Martha Baggs**

Birthplace **Galion Ohio**

Other contributory causes of importance _____

Informant **Add Hayden**

Address **Chesaning Mich.**

Major findings and dates: Of operations _____

Of autopsy _____

Burial cremation or removal (Circle the word which applies)

Place **Chesaning Mich.**

Cemetery **Wildwood** Date **Oct. 21, 1943**

In case of violence, state if accident, homicide or suicide _____
Date **Oct. 20, 1943**

Funeral director's signature **F. B. Walker**

Address **316, Broad St. Chesaning Mich.**

Where did injury occur? (Specify city, county, or state) _____

In industry, home or public place? _____

Filed **10/21, 1943** **Charles Town** Local Registrar

Was disease or injury related to occupation of deceased? **No**

Signature **W. L. May MD.**

Address **Chesaning, Michigan**