

SOCIAL SECURITY NO.
086-01-4415

If veteran, name war

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics

State File No.
264867

FULL NAME *Rathbun, Horace.*

Local File No. *5298*

PLACE OF DEATH
County *Wayne.*
Township
City or Village *The Troit.*
Name of hospital *76777 Patton*
(If not in hospital, give street address.)
Length of stay: In hospital In this community *30 yrs.*

USUAL RESIDENCE OF DECEASED:
State *Michigan* County *Wayne*
Township
City or Village *Detroit*
Street No. *16777 Patton*
If foreign born, how long in U. S. A.? years

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

MEDICAL CERTIFICATION

NAME OF HUSBAND or WIFE
Name *Henrietta L. Smith* Age, if alive *45*
Birth date of deceased *Oct. 6*, 19*895*
Age: Years Months Days If less than one day
44 *7* *1* hrs. min.

Date of death *7 May*, 19*40*
I hereby certify that I attended the deceased from *Mar*, 19*40* to *7 May*, 19*40*. I last saw him alive on *7 May*, 19*40*. Death is said to have occurred on the date stated above at *7: P. M.* Duration

Birthplace *Algonac, Michigan*
Usual occupation *Sears Roebuck Co.*
Industry or business *Ladies Apparel*

Immediate cause of death
Miliary Tuberculosis *2 mo*

Father { Name *John Rathbun*
Birthplace *Algonac, Mich.*
Mother { Maiden Name *Matilda Day*
Birthplace *Algonac, Mich.*

Other contributory causes of importance
Major findings and dates:
Of operations *Confirmed by Chest Xray
Sputum + for T.B.*

Informant *Mrs. Horace Rathbun*
Address *16777 Patton*

Of autopsy *none.*

Burial, cremation or removal (Circle the word which applies)
Place *Detroit, Michigan*
Cemetery *Woodmere* Date *May 10*, 19*40*

In case of violence, state if accident, homicide or suicide
Date, 19

Funeral director's signature *Wm R Hamilton*
THE WM. R. HAMILTON CO.
Address *3975 Cass Ave., Detroit, Mich.*

Where did injury occur? (Specify city, county, or state)
In industry, home or public place?
Was disease or injury related to occupation of deceased? *No*

Filed *MAY 10 1940* *Henry J. Hamilton*
Local Registrar

Signature *E. J. Hamilton*
Address *667 Massachusetts Bldg*