

SOCIAL SECURITY NO.

None

If veteran, name war

None

## CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH

Bureau of Records and Statistics

State File No.

276 4392

FULL NAME

WELLINGTON A. WARD

PLACE OF DEATH:

County Shiawassee

Township

City or Village Owosso

Name of hospital Memorial Hospital  
(If not in hospital, give street address.)Length of stay: In hospital 4 days  
In this community

USUAL RESIDENCE OF DECEASED:

State Michigan County Shiawassee

Township

City or Village Owosso

Street No. 118 N. Lansing St.

Citizen of Foreign Country?

If Yes, Name Country

Local File No.

71

Sex

Male

Color or Race

White

Single, Married, Widowed  
or Divorced

Married

NAME OF HUSBAND or WIFE

Name Martha Ward Age, if alive 81

Birth date of deceased April 26th, 1859 .1

Age: Years Months Days If less than one day  
81 11 14 hrs. min.

Birthplace Chesaning, Michigan (Mich)

Usual occupation Contractor

Industry or business

Father Name Warren S. Ward

Birthplace Mass.

Mother Maiden Name Sarah Chapman

Birthplace Mass.

Informant Wellington Ward

Address Birmingham, Michigan

Burial, cremation or removal (Circle the word which applies)

Place Owosso, Michigan

Cemetery Oak Hill Cemetery Date 4/11, 1941

Funeral director's  
signatureHoward B. Fournough  
Jennings-Lyons Chapel  
Owosso, Michigan

Address

Filed 4-11-41

G. VanLepps  
Registrar

## MEDICAL CERTIFICATION

Date of death April 9th, 1941 19 41

I hereby certify that I attended the deceased from April 4th  
19 41 to April 9th, 19 41. I last saw him alive on  
April 9th, 19 41. Death is said to have occurred on the  
date stated above at 4:05 P. M.

Immediate cause of death

Cerebral Hemorrhage  
Diabetic gangrene

Other contributory causes of importance

Arterio Sclerosis

Major findings and dates:

Of operations Amp leg 12 yrs ago.

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

Address

Walker P. Parker MD  
Owosso Mich