

SOCIAL SECURITY NO.

None

If veteran, name was

None

## CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH  
Bureau of Records and Statistics

State File No.

276 4386

FULL  
NAME

Fred G. Ward

(Fred G. Ward)

Local File No.

65

## PLACE OF DEATH:

County

Shiawassee

Township

City or Village

Owosso

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

Shiawassee

Township

City or Village

Owosso

Street No.

120 W. King St.

Citizen of Foreign Country?

If Yes, Name Country

years

Sex

Male

Color or Race

White

Single, Married, Widowed  
or Divorced

Married

## NAME OF HUSBAND or WIFE

Name

Josephine Ward

Age, if alive

69

Birth date of deceased

Nov. 19, 1868

Age: Years

Months

Days

If less than one day

72

4

6

hrs.

min.

Birthplace

Chesaning, Michigan (Mich)

Usual occupation

Carpenter

Industry or business

Father

Name

Warren S. Ward

Birthplace

Mass.

Mother

Maiden Name

Sarah G. Chapman

Birthplace

Mass.

Informant

Mrs. Josephine Ward

Address

120 W. King St., Owosso, Mich.

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

Place

Chesaning, Michigan

Cemetery

Wildwood

Date Mar. 28, 1941

Funeral director's  
signatureHoward M. Jennings  
Jennings-Lyons Chapel

Address

Owosso, Michigan

Filed

3/28/41 19

G.A. Van Dyke  
wfd

Local Registrar

## MEDICAL CERTIFICATION

Date of death

March 25th, 1941

1941

I hereby certify that I attended the deceased from Jan 10, 1941 to 3/25, 1941. I last saw him alive on 3/23, 1941. Death is said to have occurred on the date stated above at 3:15 P.M.

Immediate cause of death

ventricular fibrillation term.

Duration

Other contributory causes of importance

Hypertension  
Hypertensive heart disease

Yes.

Major findings and dates:

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?

No

Signature

J.M. Knight

Address

Owosso