SOCIAL SECURITY NO. None

If veteran, name war None

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics

Returned to Co. Clerk 6-1-46

State File No.

FULL NAME Albert Ackley

Local File No. 3

PLACE OF DEATH:
County Eaton
Township
City or Village Vermontville, Mich
Name of hospital —
(If not in hospital, give street address.)
Length of stay: In hospital In this community 30

USUAL RESIDENCE OF DECEASED:
State Mich. County Eaton
Township
City or Village Vermontville, Mich.
Street No.
If foreign born, how long in U. S. A.? years

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

NAME OF HUSBAND or WIFE
Name — Age, if alive —

Birth date of deceased 10 - 29, 1865

Age: Years	Months	Days	If less than one day
80	6	10	hrs. min.

Birthplace Kalamo, Mich.
Usual occupation Retired
Industry or business —

Father: Name Titus Ackley
Father: Birthplace New York State
Mother: Maiden Name Delilah Darling
Mother: Birthplace New York State

Informant Mrs Wm Ward
Address Vermontville Mich.

(Burial), cremation or removal (Circle the word which applies)
Place Kalamo, Mich.
Cemetery Kalamo Date May 1st, 1946

Funeral director's signature K. K. Ward
Address Vermontville Mich.

Filed May 10, 1946 A. L. Bunnington
Local Registrar

MEDICAL CERTIFICATION

Date of death May 9th 1946

I hereby certify that I attended the deceased from Jan 1st, 1943 to May 8th, 1946. I last saw him alive on May 8th, 1946. Death is said to have occurred on the date stated above at 3 a M.

Immediate cause of death — Duration

Cancer Prostate — 3 yrs

Other contributory causes of importance

Major findings and dates:
Of 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?
Signature C. L. D. M.D. Langhlin
Address Vermontville Mich.

439