

SOCIAL SECURITY NO.

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics

State File No.

282 21117

If veteran, name was

no

FULL
NAME

Julius H. Fournier

Local File No.

PLACE OF DEATH

County

Township

Cl. or village

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

Length of stay: In hospital. 11 10 44 In this community

Sex Color or Race Single, Married, Widowed
or Divorced

male

white

married

NAME OF HUSBAND or WIFE

Name Adeline Kimm Age, if alive, Yes

Birth date of deceased Aug 8 1885-10

Age: Years Months Days If less than one day
hrs min

80 4 0

Birthplace New York

Usual occupation Gas sta att.

Industry or business Gas sta

Mother (Name Abram

Birthplace Canada

Maiden name Mathilda Langto

Birthplace Canada

Informant Adeline Fournier

Address 4203 Joy Rd. Detroit

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

Place out mt Olivet

Cemetery A Date Dec 11, 1945

Funeral director's signature Geo Nass

Address 4458 Joy Rd. Detroit

Filed 12-8, 1945 W. H. Gruber

Local Registrar

USUAL RESIDENCE OF DECEASED:

State Mich County Wayne

Township

City or village

Street No. 4203 Joy Rd.

Citizen of foreign country?

If yes, name country

MEDICAL CERTIFICATION

Date of death Dec 8, 1945

I hereby certify that I attended the deceased from 11 12

1944 to 12 8, 1945. I last saw him alive on

12 8, 1945. Death is said to have occurred on the

date stated above at 10:00 A.M.

Immediate cause of death Chronic pyelonephritis

Bunem, prostate, hyp.

Other contributory causes of importance

Major findings and dates:

Of operations Transurethral resection

of prostate

of autopsy 45

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

Date

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 Roy A. Fellers

Address Edgemoor, Mich