

6-17-2003

Fyneweever, Ruth Oral History Interview: Polio Survivors in Holland

Matthew Nickel

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Repository citation: Nickel, Matthew, "Fyneweever, Ruth Oral History Interview: Polio Survivors in Holland" (2003). *Polio Survivors in Holland*. Paper 6.

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Published in: 2003 - *Polio Survivors in Holland (H88-0234)* - *Hope College Living Heritage Oral History Project*, June 17, 2003.

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Oral History Project 2003
Joint Archives of Holland
Polio

Interviewee:
Ruth Fynewever
(edited)

Conducted by:
Matthew Nickel
17 June 2003

2003 Oral History Interview: Polio
Interview with Ruth Fyneweaver
Interviewer: Matthew Nickel
17 June 2003
(edited)

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MN: What kind of work were you doing as a nurse?

RF: Well, I was a student nurse and part of my rotation was to the polio ward at Blodgett Hospital, which is now Spectrum-Blodgett. And then, what was interesting because there was a special nursing program during World War II which was called "The Cadet Nurse Corps." They were recruiting high school students who were interested in nursing and would provide tuition and then we had to give six months service, our last six months of service to the military. Well, I was going to be a nurse, and I didn't even know about that program. But when I applied at Blodgett I was too young. You had to be 18 and I graduated from high school just after my 17th birthday so they said you have to work a year and make some money. And then come back next year. So, when I went back, they told me about this Cadet Nurse Corps, which paid my tuition to Blodgett, providing three years training, room and board, but with the obligation that there would be six months of service somewhere. Well, when I went in 1945. The war in Europe was just ending. And so they still took us, and we were that last class of that particular Cadet Nurse Program. So I still had that six months, but didn't have to do any military service, but I took that six months in the polio ward, to make a long story short. Which I loved. Then, soon after that, maybe right from that, we didn't have intensive care units in those days, so there was lots of private duty nursing, and I

did private duty nursing for a polio patient in an iron lung for several months. So that is sort of the background of my polio experience.

MN: Do you remember the person you did private nursing for?

RF: Oh, yeah.

MN: Could you tell me about her?

RF: I have got her husband's, she has died recently, but I have her husband's address.

You really should interview him, to live with a polio—she was a, I don't know if she was, I think was out of the university, I think she had graduated from the University of Michigan just before she had polio, had been married only about a year probably. And she lived, she died maybe three or four years ago, so. But she didn't live, she was not like this Margery Cooper that lived in an iron lung for the rest of her life. She was on our polio ward too. That is just it. This article, this is Margery's son that is going on this tractor tour, you should interview him too. I think he was three when his mother contracted polio, and she was at Blodgett in an iron lung for months and months and months, and then went home in an iron lung and her husband took care of her at home. That little boy, who probably never remembers his mother as a healthy young woman and that is right her in Holland. But Ellie's husband Jim, I saw him, he had a friend who lived here at Freedom Village and he was here for dinner one night, soon after Ellie died. Again, spent their whole married life practically with an invalid. She was able to get out of the iron lung, and we met her in the brace shop at Blodgett once before, getting a knee brace. She was in braces and crutches. She always had the respiratory problems that go with the pulmonary polio.

MN: What was the polio ward like? Could you describe it?

RF: Well, there were three, I can't call them private, semi-private rooms. And then there was a ward with maybe four or five beds in it. The long narrow kind of square room. Possibly six beds. There were so many children. There were adults too. We did the Kenny packs, the hot packs. Put these steaming hot packs on parts of the body that were affected. It wasn't an especially unhappy work environment. We were doing what we could to help. We had deaths. The children's deaths were the hard ones. I don't know, it was busy, very busy.

MN: Could you talk more about the Sister Kenny treatment? How, what was the—

RF: Purpose? Well, it was felt that these hotpacks, and they were like wool, thick wool, a thick wool blanket, but in pieces. And we would put these steaming hotpacks on where ever the afflicted part was, if it was a lower leg or an arm or maybe several different parts of the body. And then as they cooled down, change them. It didn't burn them, they didn't burn the patient, and it was to relax those muscles and keep them from contracting and supposedly relieve the crippling effect of the polio and that was pretty much the standard treatment. I don't remember much about a lot of pain control. Medication pain control. I do remember that that was the big thing, the packs and preventing the contractions and of course the bed baths, the feeding, the trays, and all that normal nursing stuff. Visitors weren't allowed, I don't remember other than when patients were being admitted. Knowing many families, many came from this side of the state, of course the lakeside, and the feeling then was they were getting polio from water,

from swimming and crowded places. I know we had patients from St. Joe, and Holland and South Haven, all over Western Michigan.

MN: So were patients somewhat isolated then?

RF: Isolated from the rest of the hospital.

MN: But not necessarily from family?

RF: [Pause] See, it is so long ago. Yes, I think it was considered an isolation ward. We didn't wear masks. But that would have been another reason for visitors not coming in. You would have to ask specific questions, because even now, I think that is so long ago.

MN: What about prevention as nurses? Did you guys take any specific precautions that you remember?

RF: Other than the usual hand washing, we didn't wear masks. It was a central nervous system thing. I don't think that other than the normal precautions I don't think we did anything specific. We wore gowns, over our uniforms, I am quite sure. Like the scrub gown a patient wrap type thing. I just, I am sure I wore my cap. I know we didn't wear gloves.

MN: What about other kinds of treatments, was there anything outside of Sister Kenny method that the nurses or doctors would try?

RF: Back in those days there was not all that, the experimental things, I don't think. There weren't new drugs coming out every week like there are now. Like I said, even pain really, I don't recall that there was much medication for that. The packs were pain relieving and to prevent contractions. I don't remember a lot of things about pain. Pain that needed pain relief.

MN: Were there any particular things you did to relax patients?

RF: The packs, those hotpacks. And you know they were turned often. Have you interviewed any other nurses?

MN: No I have not, that is why I am really curious. [Pause]

RF: This nurse talks about it being a dark dismal area. [Referring to article on coffee table] I wouldn't say that.

MN: How would you describe the general attitude of being in the polio ward?

RF: When a patient was admitted, there was this terrible fear with the diagnosis itself. I don't know what the death rate was at that time, but especially with the lung, the bulbar, the death rate was higher. But, polio was, then it was called infantile paralysis. It was a scary word to begin with. And people associate it with the crippling part, the limbs. And to have to leave your loved one in a strange hospital, especially if you came from outside Grand Rapids like right here on the lakeside. Back in those days that was a long way to come. Especially to leave a child. So yeah, especially for the families that was scary, for us working there, we just had to be [pause] stoic I guess about it. Knowing we could do everything we could for the best outcome for the patient, even if there would be some crippling effect, hopefully with the packs and things we were doing would prevent worse, and hopefully, even if they had to wear braces and crutches. I don't remember, as working we weren't sad, there was laughter there too. It was hard to lose a child.

MN: What about the nurses, was there any kind of fear in the nurses, of the possibility of contracting polio?

RF: I think those of us that worked there did not fear, that certainly there were some who didn't want to work there. I mean it was my choice. But some would not choose to go there for whatever reason, because of fear or whatever, but I didn't feel that way. I liked it. I am glad for the experience.

MN: What made you so interested, to become passionate about polio and the patients?

RF: I don't know. It must have been that rotation in there first. And the head nurse was cheerful, I was trying to think of her the other day. She was kind of scatterbrained, and this was the, what became the polio ward was the infectious disease ward, so isolation ward. Before there were a variety of patients that had something or other that would be isolated. I had mono and I was in there as a student. Because in those days mono was isolated. But I just remember her and she was kind of scatterbrained but she was fun and as a supervisor she was fine. She was there during that whole polio time. I don't know. Maybe it was, I had never heard of polio I guess before that. It was something I was good at. I was good at the packs, I was good at backrubs. I was not afraid of the patients. I was not afraid of the iron lung. I could manage.

MN: Do you think that attitude of the head nurse and it sounds like you really liked the attitude, a positive and fun attitude, do you think that that made a big difference compared to, say, the other nurse you were talking about as it being something dark?

RF: Probably. Yes. The ward wasn't, the unit, really was the polio ward. We had windows on the east and some of them the west. It was not a dark dismal place to work either. It was on the first floor. I remember with Mrs. Cooper, I never took

care of her, she had her own nurse during the day. But she was, at Blodgett, the hospital was here, and there were some public covered walkway into the nurses lodge. We lived, as students we lived in the nurses lodge and we would come out for dates or whatever we were going to do, and we would walk past this little wing and Mrs. Cooper would be in her lung by the window, and a lot of the nurses would stop and talk to her through the window. Well, it was a lovely, lovely setting, Blodgett in those days. The lawns and the trees and the nurses lodge were so pretty. She looked out at that, so that was not a dismal thing. And then to be able to, in the good weather, to talk to her through the window. And then on the other side we looked out at more of the campus and the green. The only darker part was this ward part where beds were in rows four, five, or six or whatever. There had to have been a window in there too, to look out on the green. So it, the general environment was not unpleasant.

MN: Do you remember any other patients?

RF: Just in general. Some men, children, children, lots of children. Some stayed longer than others. Mrs. Cooper was in there, I don't know, a year. At least a year. More than a year maybe. But they would be there for weeks and weeks.

MN: Best as you can describe, how did patients feel?

RF: Afraid, afraid. The shock of this dread disease. And then that long hospitalization and then following that would be more rehab. We had Mary Free Bed at that time. I don't recall that people would go right from us to Mary Free Bed. A lot of physical therapy, one physical therapist was working, that was another thing was to start the physical therapy very soon. Moving the extremities. I remember

working with this woman one day and she is working on a child. And she said, “polio takes the brightest and the best,” and a little kid had just died. And I think she was right. I know the survivors were the ones with the really strong will. Like Forrest. I didn’t know him then. He had polio when he was a child. So I didn’t even know him yet. I was not dating him at that time. But I think of that with him too. The brightest and the best, with what he has overcome in spite of the polio. A lot of these were just, good people. Like my Ellie too, just such a promising future and then to be struck down with this miserable disease. What would have been the beginning of a career and a marriage and her husband stuck with her all this time. As did Mr. Cooper.

MN: It seems like it brings out, for such a negative thing, polio in the case of Forrest and others too brought out a very positive, very strong side.

RF: I think so. And probably in many cases. Yes. And depending on their support system. That is a big part of it too.

MN: Support system as in family?

RF: Family, friends, the right doctors.

MN: What kind of education did the nurses receive about polio?

RF: Probably a couple lectures. We learned on the job mostly. They would have been included under some infectious diseases. But it was all kind of new at that time. Of course it was called infantile paralysis, not polio. It was long before there were the polio prevention things like the Salk vaccines. So more of fear, that was really an epidemic at that time, when was this, ’47, ’48. People were very fearful, staying out of crowds, certainly not going to the beach.

MN: How much did the doctor, how much was known?

RF: Not very much. No. Only that it was a neurological thing. And that the virus attacks the anterior myelin sheath of the spinal cord. So that is the paralysis and the inflammation.

MN: How much did you experience polio outside of the hospital?

RF: Very little. It seemed to me that there was some woman acquaintance of my parents who use crutches or had a leg brace or something. But we didn't talk about people that were crippled. Crippled, that word we heard all the time. I think this epidemic that was quite, just really struck so many people. It is this terrible unknown thing. And our goal was to prevent the crippling effects, that is the long term thing with the wraps, and the rest and the immobilization of the joint and that sort of thing.

MN: Do you remember if polio was talked about a lot in newspapers or around town? Do you remember what people might have been saying? Or reactions of people?

RF: Everybody knew somebody, or knew of someone who was affected and just fear if any of this happened to their own family. So avoiding crowds, avoiding the beach. But to leave a family member in this isolation unit with that diagnosis must have been very scary. And I don't know that we weren't taught anything at all, other than our own innate sensibility about how to ease that fear in the family about leaving their loved one there, especially a child. I know we did what we could but some have a better ability than others to make that process easier. I think about that, I'd always do all I could when a family member was leaving to reassure him we would do all we could. But you can't say don't worry. It was a

scary place. But then, and to know that that person was going to be there for weeks and weeks, especially at admission. We didn't have much contact with them. There was not much visiting. Partly distance, but it was encouraged not to be there.

MN: Were there any kinds of myths or legends or things like that that, kinds of stories that you remember hearing about polio? Kind of a, maybe when the warnings went out, don't go swimming—

RF: Yes.

MN: Were there other things too where they said "you shouldn't do this or do that because you might get polio." Anything of that nature?

RF: Even Forrest tells about they were living in a rented house because he had polio and they had to move. That awful fear of contracting it, not knowing much about it. Only thinking of those crippling effects or death. No, I don't remember other than the newspaper. [End Side A] We had a swimming dock at Fisk Lake across the street from Blodgett. And that was for students. I don't remember that we were told not to go swimming. There was not any preventative medication or anything, even as students working there we were not given shots or anything to prevent it. Just hand washing and being careful, I guess that is all we could do.

MN: How long did you work in the Polio Hospital?

RF: I think the six months. After we were married, I worked in there a while after we were married too. Part of that, I think maybe part of that, I was doing the private duty with Ellie all alone, before we were married. So probably by six months on

the ward and then I must have been with Ellie for three or four months and then worked in the ward after we were married. So yeah, I had a long, I have seen a lot.

MN: What was the nurses lodge like?

RF: Well, it was an older building but it was really pretty. It was three stories, this is the walkway from the hospital to the lodge. It was brick. We had a house mother, it was probably a lot like a woman's dorm in colleges. We had the main floor lounge living rooms where our friends could come and wait for us because nobody could go up on the other floors. One communal shower, bathroom. Two students to a room. I was the only girl growing up so that was the first time I ever had a roommate, was as a student. Nothing fancy. Nothing fancy at all. A bed a dresser, a chair and a closet. But it was the happiest time in my life, because not having ever had a sister, here I get all these girls working together and living together. That was nice. And then we had, Blodgett is a big hospital now, but in those days it was not so big, so then for children we went three months to Detroit to Children's Hospital for that experience and three months to Cook County for neuro and psych. So we lived in the big cities for a little while on that rotation. For me that was the best experience and we get together as classmates yet, which is more fun than high school. Yeah, I think I made the right choice in going to Blodgett, all my aunts went to Butterworth. Just a wonderful experience for me, all around.

MN: How did polio affect your attitudes towards the work environment there at the hospital? Did it have any distinct effect?

RF: I think we worked, my work ethic, I think we were taught to do the best we could and whether I was working on mens ward or womens ward or children or whatever, but polio, that ward really was special to me. Maybe because we were isolated in there. The unit it was just ours. We didn't have a lot of people coming and going other than the therapists in the lab and the doctors. And I work better in a smaller place where I have got some control. That might have had something to do with it too, where you have taken ownership of that. Kind of like working in the newborn nursery, which was my favorite too. So a little bit smaller, oh I like, I doesn't matter, wherever I was at that moment that was what I liked best. But again I would say the nursery and polio.

MN: Did those environments have a more personal connection?

RF: I think so, I think so because we saw the same, in polio we saw the same people for weeks and weeks at a time. You knew their own little idiosyncrasies. You had more choice with, if somebody didn't like what was on the menu. That was another thing about our supervisor, she would call the diet kitchen and say: "we want such and such up here." And of course she would get it. Well, you can't do that, not at Blodgett. Our wards were like, mens and womens wards were like thirteen patients in a big room beds lined like you see these pictures, bed lined around the outside and maybe down the middle. Well, you are shoving trays. You are not calling down and saying, well, Mrs. So-and-so doesn't want to eat until two o'clock, just hold that that tray. You don't do that. But in the polio ward, we had juices, and we had ice cream. We could coddle the patients. In a different way. The supervisor was really good. I liked the nursery. You took this baby to

the mother for feedings. Didn't have the babies at bedside. You got to take the babies to the mothers.

MN: That must have been a good feeling.

RF: Yeah, it is, in those days the babies were there for eight days with the mothers. So you could build up a little repor just through carrying the baby to the mother for the feedings and stuff. But it was a transit thing, when they were gone they were gone, we didn't keep up a relationship.

MN: Could you tell me more about Ellie?

RF: Well, she came from a wealthy family, and East Grand Rapids family. She graduated from the University of Michigan. And she married Jim who she met at college. When I met her, I must have been doing private duty somewhere in the hospital. I was asked by someone at the hospital if I would do private duty for her. I had never met her. She was not on the ward while I was working. I said I would, and I was paid by the hospital, I was not paid by the family, to be her nurse. So I worked eleven to seven. I worked eleven in the morning to seven at night. I don't know quite why we settled on those hours, but anyway, that is what we did and I was with her for several months. She had, like most polio patients she had a very positive attitude. She never complained about "Why me?" Her husband had to move in with her family. He never complained, not that I heard. This is now after, the real polio, that we are talking 1948 now, late 1948, early 1949. Probably early 1949. There weren't a lot of restrictions on visitors, at least her family, she was in a private room of course. Her family could come and go. Her father was an executive. He was there often, with her mother, her stepmother really, would

bring her some of her favorite foods. She became, Ellie got awfully tired of hospital food and her mother would see what the menu was for that day and then she would augment that with something from home or if she had to be fed. And Jim would come. But all of them were upbeat, no whining and complaining. And it was nice to see her progress, finally. We did not do hot packs on her. Her's was pulmonary. We had to exercise her arms and legs. And then eventually she could be out of the lung for a few minutes and finally we were transferring her to the bed for a little while, out of the lung, onto a bed. She couldn't turn pages, and she liked to read. We had some kind of a thing set up to hold the book and then I would have to turn the pages for her, and she still could not feed herself. But a lot of it is just sheer determination too. We would do all we could.

MN: So did she eventually get to a point where she didn't need the iron lung?

RF: Yes. She was discharged, in fact she was at our wedding. She had to be carried up the steps into the chapel. I have a picture of her, she sat in the back row. She was all dressed up, and then we saw her once at the brace shop, she had braces on her legs and was walking with crutches. She had a child, one child. But as she got older, the lung problems, the lung weakness gave her a lot of problems, so she was hospitalized a lot. But there were so many of them, just were so courageous. Had this positive attitude, and that too made it a happier place to work. There was a big difference those once who turned their faces to the wall and whined and complained. Who was the most fun to take care of.

MN: Were there any kinds of lifestyle changes that you had to make because of polio?

RF: Me as a person?

MN: You as a person, the way you lived.

RF: The way we live now?

MN: The way you together live.

RF: Having married, that was a strange coincidence to have married a polio survivor. I didn't half know when I married, really what it was really going to be like. It is true, we laugh about it. I said I took on the job of five people when I married Forrest because his whole family waited on him, catered to him. He didn't realize, I didn't realize, when I met his mother, Forrest's mother said oh it is so nice that I was a nurse. His brother married a classmate of mine, she was a nurse. Time has told why he married a nurse. Yeah, a lot of lifestyle changes. Our children mowed the lawn, he couldn't mow the lawn. I think his whole childhood, things were adapted for his needs, more so than some parents give. And that was very nice. But even, he has had many health problems besides the polio, so we can't blame everything to the polio. The move to the condo, that was really nice, but then the move here has been a big help for me. Again, I am picking out wallpaper and floor coverings because with the wheelchair and the Amigo [Electric Wheelchair] a painter had to come and touch up because he hits the walls, and tracking in the gravel on the wheels of the Amigo. The weight of the Amigo, this is our third carpet in this room in eleven years. The Amigo comes in here and turning, that thing is heavy, and he's heavy. You back up and turn around in front of the television and I had a split in the first carpet; had new, that is the second floor covering in the kitchen, and immediately had all these little splits and punctures because from the gravel that sticks in the tread. I am getting in the bathrooms

now, I am going to have this new ceramic, this Formica-like floor covering that is the latest thing, and I am hoping, and they tell me it will not pit. The bathrooms have already been done twice. Those are minor things, and yet I didn't expect to constantly be re-doing. We came here and have done it once. He doesn't drive any more. So, we went to Arizona, to Tucson eight times since we have retired. At first he was able to drive some, but I do all the driving, all the lifting, and now it is to the point where I need help for things. Just kind of letting go of everything. It requires an awful lot of adjustment to live with a person with a major disability, and he has a dominant personality. Our kids will say, he could never play ball with them, and yet we camped a lot. He built a camping trailer. We had four kids, we'd camp in state parks near lakes and he was a good swimmer. He loved to swim. He went to orthopedic school, which had a pool. They did pool training. But the kids would say, Dad, he couldn't walk, but he would get in the water, and they would forget too, that he had this disability. So that was nice. And we have a lift here, when he was getting therapy, we could put him in the lift in the pool here, but it's a job. It really isn't worth it anymore. So I would say yes, I had to make more adjustments than I dreamed of. But when you get married you don't know what your future is going to bring. I didn't know he was going to have two aneurysms. I didn't know all these other things that were not related to polio, if it was just that leg and that arm, that's not a big deal. He is very bright. I think he has done an outstanding job of overcoming a major handicap career-wise, education-wise. And a lot of it has to do with the attitude of his parents, encouraging, making sure he got the right education. Always the right care. His

braces and his shoes were always in good condition. Braces have to be fitted right, when the shoes had worn down they replaced them. So his dad sacrificed a lot.

MN: You have answered my questions, but another question would be: is there anything we have not discussed, subjects that I might not have known, or might not have remembered?

RF: I don't think so. If you don't have this article, that would be a good one you could copy. This was probably in the Grand Rapids Press, I can give you this because Dale Cooper would be very interesting to interview for the living with the parent in the iron lung. This you probably have because it is in the library. Otherwise you stop at the copy machine downstairs and copy that too.

RF: I thought that in my life story I had written about Ellie but I guess I didn't much.

MN: Thank you so much.

RF: It was nice to meet you.

MN: It was a pleasure to meet you.

March 8, 2003

Geoffrey Reynolds
Director of the Joint Archives
Van Wylen Library
Holland, Michigan

Re: Polio Oral History

Dear Geoffrey;

I was a student nurse at Blodgett Hospital in Grand Rapids from 1945-1948. I was assigned what was then called the communicable disease ward, but with polio epidemic it became the Polio Unit. We had many cases from the Lake Michigan shoreline, some from as far as South Haven. Many were children.

Hot packs, woolen cloths soaked in steaming hot water were applied directly to the affected limbs, followed by physical therapy. Most patients were there for weeks, some far from families. It was a frightening time, especially for the children.

The iron lung patients required constant observation - Mrs., Cooper of Holland, recently deceased, was a long term patient at Blodgett. One little boy was put in the lung immediately upon arrival and only lived a few hours --- one of the physical therapists while working daily with the patients told me, "polio only takes the brightest and the best".

After graduation the hospital hired me to care for a young woman in an iron lung for several months. She made good progress and was gradually weaned from the lung but had much residual damage from the disease. She was able to come to my wedding.

Forrest and I met while both were in school - he had polio in 1927 while just a toddler. He too was one of the brightest and best and has overcome many obstacles in achieving an education and career while making a contribution toward better lives for those with physical handicaps.

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