

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 22

I PLACE OF DEATH
 County Eaton
 Township _____
 Village Vermontville
 City _____ (No. _____ St. _____ Ward _____)
 (if death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Allen E. Stout
 (a) Residence. No. _____ St., Ward. _____
 (Usual place of abode.) (If non-resident give city or town and State.)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race white 5 Single, Married, Widowed or Divorced (write the word.) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of 12-16-1843

6 DATE OF BIRTH (Month, day and year.) _____

7 AGE Years Months Days If LESS than 1 day, _____ hrs. OR _____ min.
 87 _____ 15

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9 BIRTHPLACE (city or town) (State or country) New York

10 NAME OF FATHER William Dale

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Margaret Miller

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Germany

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 12-31 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 20 , 1930, to Dec 31 , 1930 that I last saw her alive on Dec 31 , 1930 and that death occurred on the date stated above at 7:30 P.M.

The CAUSE OF DEATH* was as follows:
 Angina pectoris

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) Dental Abscess
 (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted If not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Ascert

(Signed) C. S. Stull , M. D.
 _____, Address

14 Informant Mrs. Al Faust Date of Burial
 (Address) Vermontville Mich OR REMOVAL Wood Lawn Cem Jan 3 1931

15 Filled Jan 3, 1931 Olen Vire 2 UNDERTAKER Address
 Registrar. C. L. Hess Nashville

M. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. **WRITE PLAINLY, WITH UNFADING INK, ON UNPAID, NON-REVENUE, STATIONERY.**