STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 6

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 Marsena L Stiles

(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.

N. 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. THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Adella E. Stiles

6 DATE OF BIRTH (Month, day and year.) Feb 1st 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. OR ..... min.
	75	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(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) Michigan

PARENTS

10 NAME OF FATHER John W Stiles

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

12 MAIDEN NAME OF MOTHER Adelia Stone

13 BIRTHPLACE OF MOTHER (city or town) (state or country) New York

14 Informant Chas Stiles

(Address) Vermontville Mich

15 Filed Aug 5, 1931 Chas Stiles Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Aug 2 1931

17 I HEREBY CERTIFY, That I attended deceased from July 25, 1931, to Aug 2, 1931 that I last saw him alive on Aug 2, 1931 and that death occurred on the date stated above at 10:30 m.

The CAUSE OF DEATH* was as follows:

Influenza 12 da

Erysipelas 4 da

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. A. Pettengill M. D.

Aug 5 1931 Address Vermontville Mich

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	Date of Burial
Wood Town Ann	Aug 5 1931
2 UNDERTAKER	Address
W. A. Ward	Vermontville

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