

1 PLACE OF DEATH  
County Eaton <sup>to clerk</sup> <sub>4/4</sub> State of MICHIGAN  
Department of State - Division of Vital Statistics  
Township \_\_\_\_\_  
Village Vermontville Registered No. 1  
City \_\_\_\_\_ (No. Hall Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Marie E. Steves  
(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 Female 4 Color or Race white 5 Single, Married, Widowed or Divorced (write the word.) Widow

5a If married, widowed, or divorced  
(or) WIFE of Myron Steves

6 DATE OF BIRTH (Month, day and year.) March 7, 1855

7 AGE Years Months Days If LESS than 1 day, hrs. OR min.  
78 10 15

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) Wisconsin

10 NAME OF FATHER Warren Goham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Vanderwalke

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

14 Informant Bert Steves  
(Address) Mulleken Mich

15 Filed 1-23, 1934 Lloyd J. Hitt  
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 1-22 1934

17 I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1934, to Jan. 22, 1934  
that I last saw her alive on Jan. 22, 1934, and  
that death occurred on the date stated above at 2 P.m.

The CAUSE OF DEATH\* was as follows:  
Grand Stone Operation  
followed by shock.  
Organic heart  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 6 ds.

CONTRIBUTORY (Secondary) (duration) 20 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) L. D. McLaughlin M. D.  
, 19 \_\_\_\_\_, Address Vermontville

\*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

Freemans Cem 1-25 1934

2 UNDERTAKER Address  
K. K. Ward Vermontville

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.