

I PLACE OF DEATH  
 County Eaton  
 Township Vermontville  
 Village Vermontville  
 City \_\_\_\_\_

8/4/35 State  
 1923 Clerk

STATE OF MICHIGAN  
 Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 5

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)  
 2 FULL NAME Arden Glenn 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 Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6 DATE OF BIRTH (Month, day and year.) July 8 1935

7 AGE Years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.  
0 0 7

8 OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Infant  
 (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) Vermontville Mich

10 NAME OF FATHER Bert Steves

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sumfield Mich

12 MAIDEN NAME OF MOTHER Hellie D French

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Vermontville Mich

14 Informant Bert Steves  
 (Address) Vermontville

15 Filled 7/15 1935 R.H.L.  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 7-15 1935

17 I HEREBY CERTIFY, That I attended deceased from 7-14, 1935, to 7-15, 1935, that I last saw him alive on 7-15, 1935 and that death occurred on the date stated above at 9:00 P.M.

The CAUSE OF DEATH\* was as follows:  
Lobar Pneumonia

(duration) 36 hrs 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. L. McLaughlin M. D.  
 , 19 35, 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 Freemore Cemetery Date of Burial 7/15 1935

2 UNDERTAKER R. H. L. Address Vermontville

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—THIS IS A PERMANENT RECORD  
 MARGIN RESERVED FOR BINDING