

PLACE OF DEATH
County Eaton

Township Vernontable

Village Vernontable

City Vernontable

2 FULL NAME Arden Glenn Steens

(a) Residence. No. St., Ward.

Length of residence in city or town where death occurred yrs. mos. ds.

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 5

(No. 8/40 State St. 1923 Clerk Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

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) Vernontable Mich

10 NAME OF FATHER Bert Steens

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) Vernontable Mich

14 Informant Bert Steens (Address) Vernontable

15 Filed 7/15 1935 L.A.L.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 7:00 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 , Address Vernontable

*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

Freemore Cemetery 7/15 1935

2 UNDERTAKER Address Vernontable

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

ORIGINAL NOT TO BE DESTROYED

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