

SOCIAL SECURITY NO.

None

If veteran, name war

None

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH

Bureau of Records and Statistics

State File No.

FULL
NAME

Ernest O. Stevens

Local File No.

PLACE OF DEATH:

County

Eaton

Township

City or Village

Vermontville

Name of hospital

(If not in hospital, give street address.)

Length of

stay: In hospital

In this community 2 1/2 yrs

USUAL RESIDENCE OF DECEASED:

State

mich

County

Eaton

Township

City or Village

Vermontville

Street No.

If foreign born, how long in U. S. A.?

years

Sex

Male

Color or Race

White

Single, Married, Widowed
or Divorced

Married

NAME OF HUSBAND or WIFE

Name

Clara Stevens

Age, if alive

49

Birth date of deceased

1-12

1870

Age: Years

Months

Days

If less than one day

76

6

05

hrs.

min.

Birthplace

Clinton Co.

mich.

Usual occupation

Retired

Industry or business

Father

Name

Edward Stevens

Birthplace

New York State

Mother

Maiden Name

Harriet Herrick

Birthplace

New York State

Informant

Mrs Clara Stevens

Address

Vermontville, mich.

Burial, cremation or removal (Circle the word which applies)

Place

Eureka, mich.

Cemetery

Eureka

Date July 31, 1946

Funeral director's

signature

K-K Ward

Address

Vermontville, mich.

Filed

July 30, 1946

A. L. Birmingham

Local Registrar

MEDICAL CERTIFICATION

Date of death

July 27-

1946

I hereby certify that I attended the deceased from Jan 10-1946

1946

to

July 27,

1946.

I last saw him alive on

July 27,

1946.

Death is said to have occurred on the

date stated above at

3.40 P. M.

Immediate cause of death

Coronary Thrombosis

Coronary Artery Disease

Other contributory causes of importance

Major findings and dates:

Of operations

Of autopsy

In case of violence, state if accident, homicide or suicide

Date

19

Where did injury occur?

(Specify city, county, or state)

In industry, home or public place?

Was disease or injury related to occupation of deceased?

Signature

C. L. Loughlin M.D.

Address

Vermontville, Mich.

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