STATE OF MICHIGAN

Department of State—Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 8

1 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 John Myron Steves

(a) Residence. No. Vermontville Mich St., Ward.
(Usual place of abode.)
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.
(If non-resident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 DATE OF BIRTH (Month, day and year.) April 25th 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. OR 2 min.
	0	0	0	

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) Mich

PARENTS

10 NAME OF FATHER Burt Steves

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

12 MAIDEN NAME OF MOTHER Nellie French

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

14 Informant Burt Steves

(Address) Vermontville Mich

15 Filed April 25, 1930 Chas Kline
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) April 25th 1930

17 I HEREBY CERTIFY, That I attended deceased from April 25, 1930, to April 25, 1930, that I last saw h~~im~~ alive on April 25, 1930 and that death occurred on the date stated above at 3:30 9 m.

The CAUSE OF DEATH* was as follows:

Abnormal Presentation

of pregnancy (7 mo)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) yrs. mos. ds.

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

Did an operation precede death? ~~Was~~ Date of April 25/30

Was there an autopsy? No

What test confirmed diagnosis? Findings & Variation

(Signed) Stewart Topliff M. D.

April 25 1930 Address Nashville 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
Fremire Cem	April 25 1930
2 UNDERTAKER	Address
K K Ward	Vermontville Mich

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

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

276