

PLACE OF DEATH

STATE OF MICHIGAN

County Hillsdale
 Township Jefferson
 or Village Jefferson
 or City (No. _____) (No. _____) (Ward) _____

Department of State—Division of Vital Statistics

CERTIFICATE OF DEATH

Registered No. 23
 IN case occurred in a hospital or institution, give its NAME instead of street and number.

FULL NAME Arthur Pyley Ratten

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White MARRIAGE married
SINGLE, MARRIED, WIDOWED, OR UNMARRIED (Write the word)

DATE OF BIRTH Oct 23, 1877
(Month) (Day) (Year)

AGE 35 10 16
if LESS than 1 day, mo., yr. or mo.

OCCUPATION Farmer
(a) Trade, profession or particular kind of work.
 (b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) Michigan

NAME OF FATHER Sylvester Ratten

BIRTHPLACE OF FATHER (State or country) New York

MARRIED NAME OF MOTHER Jennie Van Ortheur

BIRTHPLACE OF MOTHER (State or country) New York

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) G. G. Singer
 (Address) Hillsdale Mich

FILED Sept 11, 1910 Hillsdale

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 8, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 2, 1910 to Sept 8, 1910, that I last saw him alive on Sept 7, 1910 and that death occurred, on the date stated above, at Jefferson.

THE CAUSE OF DEATH was as follows:
Typhoid Fever

Contributory Pericarditis
(Specify)
Meningitis
(Specify)
 (Age) 35 (Address) Hillsdale

State the EXACT CAUSE OF DEATH, as it develops from VESICULAR, GERM, or (1) MEASLES OF INFANCY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPORTS, OR RECENT RESIDENTS)
 At place of death _____ yrs. _____ mo. _____ da. Total _____ yrs. _____ mo. _____ da.
 Where was disease contracted. If not at place of death?
 Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Maple Grove Cem. DATE OF BURIAL Sept 11, 1910

INTERPRETER G. G. Singer ADDRESS Hillsdale, Mich