

STATE OF MICHIGAN
Department of State - COMMISSIONER OF VITAL RECORDS

DEPARTMENT OF STATE

APR 8 1920

If this record is
found to be incorrect
due to error in
this office, it shall be
corrected.

FULL NAME *Walter J. Pollen*

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR OR RACE *White* HAIR *Brown*
EYES *Blue* BUILD *Medium*
MARRIAGE *Never* TRADE OR OCCUPATION *None*

DATE OF BIRTH *June 12, 1888*
(Month) (Day) (Year)

AGE *31 - 10 - 25*
M (Years) W (Months) D (Days)

OCCUPATION *Blacksmith*

PLACE OF BIRTH *Ann Arbor*

PLACE OF BIRTH (Father) *Ann Arbor*

PLACE OF BIRTH (Mother) *Ann Arbor*

PLACE OF BIRTH (Grandfather) *Ann Arbor*

NAME IN CARE OF THE NEXT OF KIN

NAME *Walter J. Pollen*

NAME *Walter J. Pollen*

NAME *Walter J. Pollen*

DEED CERTIFICATE OF BIRTH

DATE OF BIRTH *March 8, 1920*
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased *Walter J. Pollen*
Feb 25, 1920, at *Ann Arbor*, 1920
that I last saw *Walter J. Pollen* on *March 8, 1920*
and that death occurred, on the date stated above, at *7:15 a.m.*

The CAUSE OF DEATH was as follows:
Peritomy
154

Signature *P. C. Bright*
Notary Public
Mar 8, 1920

Notary Public, State of Michigan

PLACES OF RESIDENCE (For Registrar's Information, Pursuant to
Section 20600)
At date of birth
At date of death
Place of death

PLACE OF BIRTH OF FATHER *Ann Arbor* DATE OF BIRTH *March 10, 1888*
W. J. Pollen