

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

CERTIFICATE OF DEATH

NOV 6 1920

Registered No. 89

If death occurred in a hospital or institution, give its name, location, & street and number.

PLACE OF DEATH
County Washtenaw
City Ann Arbor

(No. _____) St.: _____ Ward: _____

FULL NAME George P. Stevens

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Wid.

DATE OF BIRTH July 9, 1849

AGE 76 yr 3 mo 13 da

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

PLACE OF BIRTH (State or Country) Michigan

NAME OF FATHER Warren Stevens

PLACE OF BIRTH OF FATHER (State or Country) New York

NAME OF MOTHER Caroline A. Brubaker

PLACE OF BIRTH OF MOTHER (State or Country) New York

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. L. B. Hopkins

(Address) Hilldale Mich.

Oct 25 30 Wayne Pluom

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 22, 1920

I HEREBY CERTIFY, That I attended deceased from Aug, 1911, to Oct 22, 1920 that I last saw him alive on Oct 22, 1920 and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

mitral insufficiency and chronic nephritis
Cause unknown
not known

Contributory (Secondary) _____

Dr. B. Frankhauser, M.D.
Oct 22, 1920 (Address) Michigan

*State the Immediate Cause, or in detail, from Toxic, Cholic, or other (1) Malignant or (2) Infectious, or (3) Traumatic, or (4) Other.

LEAVEN OF RESIDENCE (For Hospitals, Institutions, Transients, & Street Accidents)
At home _____ In the _____
Where the disease contracted, if not at place of death _____
Former or _____

PLACE OF BURIAL OR CREMATION Prince of Peace Ep. Church DATE OF BURIAL Oct 22, 1920
ADDRESS W. S. Marsh Hilldale