

MICHIGAN DEPARTMENT OF HEALTH
Division of Vital Statistics

32 2371
Register No. 6

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County: Wayne
Township: Fairborn
Village: _____
City: _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Charles Healey Steele

a) Residence No. _____ St. Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed or Divorced (Write the word): Married

6a If married, widowed or divorced
HUSBAND of Matilda Steele
(or) WIFE of _____

6 DATE OF BIRTH (Month, day and year): December 5 1847

7 AGE: Years 79 Months 6 Days 5
If LESS than 1 day... hrs. OR... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(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): Canada

10 NAME OF FATHER: William Steele

11 BIRTHPLACE OF FATHER (city or town) (state or country): England

12 MAIDEN NAME OF MOTHER: Susan Evans

13 BIRTHPLACE OF MOTHER (city or town) (state or country): Ireland

14 Informant: Mrs. Geo. Reed
(Address) Midland

15 Filed: June 28, 1927 Wm. Heenan
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year): June 10 1927

17 I HEREBY CERTIFY, that I attended deceased from June 10, 1927, to June 10, 1927, that I last saw him alive on June 10, 1927, and that death occurred on the date stated above at 10:30 P.M.

The CAUSE OF DEATH* was as follows:
Acute Cardiac Dilatation

duration: _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary): Chronic Myocarditis
duration: _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted: _____
If not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) A. H. Howell M.D.
June 12, 1927 Address Bay Park

*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: Bay Park Cemetery (Old) Date of Burial: 6/14 1927

20 UNDERTAKER: W. L. Schibler, Est. Address: Bay View
L. B. Bates, Jr.

I hereby certify that the above is a true and correct reproduction of the certificate on file in the Michigan Department of Community Health, Lansing, Michigan.

CERTIFIED BY: _____
Glenn Copeland
Glenn Copeland
State Registrar

MAR 11 2004