

I PLACE OF DEATH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

County Wayne

Township 2714

Village

City DETROIT

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 2742

2 FULL NAME Edward J. Sievers

(a) Residence. No. 152 Hammond St., Ward. McElliott & Lynch St.
 (Usual place of abode.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
 Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 Color or Race W 5 Single, Married, Widowed or Divorced (write the word.) Married

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

6 DATE OF BIRTH (Month, day and year.) April 2-1877

7 AGE Years 42 Months 10 Days 2 If LESS than 1 day. hrs. OR min.

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Inspector
 (b) General nature of industry, business, or establishment in which employed (or employer) D.P.W.
 (c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Goddard Kas

10 NAME OF FATHER John Sievers

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

12 MAIDEN NAME OF MOTHER Mary Littlejohn

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

14 Informant Wm J. Blake
 (Address) 54 Peterboro

15 Filed FEB 7 1920 Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) 2-4 1920

17 I HEREBY CERTIFY, That I attended deceased from , 19, to , 19

that I last saw h..... alive on , 19 and that death occurred on the date stated above at m.

The CAUSE OF DEATH* was as follows:
Acute dilatation of heart

CONTRIBUTORY (Secondary) Not influential
 (duration) And yrs. mos. ds.

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

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?
 (Signed) Morgan Parker
277 Address Conner

*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 Woodlawn Date of Burial 2-9-1920

20 UNDERTAKER P. Blake's Sons Address 54 Peterboro

PARENTS