

WRITE CAREFULLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

PLACE OF DEATH
County Leelanau
Township Shen Arbor
or Village Island of South Manitow
or City _____ (No. _____ St. _____ Ward _____)

CERTIFICATE OF DEATH
JAN 7 - 1911 Registered No. 34

FULL NAME Theodore Beck [If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
1 SEX <u>male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>yes</u>	10 DATE OF DEATH <u>Dec 3</u> , 191 <u>0</u> (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from <u>Nov 1</u> , 191 <u>0</u> , to <u>Dec 3</u> , 191 <u>0</u> , that I last saw h <u>im</u> alive on <u>Nov 1</u> , 191 <u>0</u> , and that death occurred, on the date stated above, at <u>6 P</u> m. The CAUSE OF DEATH* was as follows: <u>Senile Decay</u> (Duration) _____ yrs. _____ mos. _____ ds. Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds. (Signed) <u>E. W. Fialuk</u> M. D. <u>Dec 3, 1910</u> (Address) <u>Marquette</u> <small>* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.</small> 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds. Where was disease contracted, if not at place of death? Former or usual residence _____	
6 DATE OF BIRTH <u>July 20</u> , 19 <u>42</u> (Month) (Day) (Year)			7 AGE <u>69</u> yrs. <u>8</u> mos. <u>11</u> ds. OR <u>70</u> yrs. <u>8</u> mos. <u>11</u> ds. IF LESS than 1 day, _____ hrs.		
8 OCCUPATION (a) Trade, profession or particular kind of work <u>farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer)			9 BIRTHPLACE (State or country) <u>Germany</u>		
10 NAME OF FATHER <u>David Beck</u>			11 BIRTHPLACE OF FATHER (State or country) <u>Germany</u>		
12 MAIDEN NAME OF MOTHER <u>Dorthea Beck</u>			13 BIRTHPLACE OF MOTHER (State or country) <u>Germany</u>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>August Beck</u> (Address) <u>South Manitow</u>					
15 Filed <u>Dec 21, 1910</u> <u>N. B. Sheridan</u> REGISTRAR			19 PLACE OF BURIAL OR REMOVAL <u>Home</u>		
			20 UNDERTAKER <u>Family</u>		
			DATE OF BURIAL _____, 191 <u>0</u> ADDRESS _____		



FATHER
THEO. BECK
JULY 15, 1841
DEC. 3, 1910