

County Logan MICHIGAN. 347
 Township _____ DEPARTMENT OF STATE—DIVISION OF VITAL STATISTICS
 Village Chesaning CERTIFICATE AND RECORD OF DEATH
 City _____

Full name Edwin Hayden Date of death April 25 1898
 MONTH DAY YEAR

Sex Male Race White

Age 3
 YEARS MONTHS DAYS

Place of birth Michigan

Name of father James Adison Hayden Birthplace of father (State or county) Mich

Name of mother Ellen May Scott Birthplace of mother (State or county) _____

Date of burial or removal April 26 1898

Place of burial or removal Chesaning

Signature of undertaker W.P. Walker Address of undertaker Chesaning

Certificate of Reporter.

The personal and family particulars herein given relative to deceased are true to the best of my knowledge and belief. Witness my

hand this 20 day

of April 1898

(Signed) W.P. Walker

(Address) Chesaning

Medical Certificate of Cause of Death.

I hereby certify that I attended deceased from Apr 23 1898 to Apr 25 1898

that I last saw him alive on Apr 24 1898, that he died on Apr 25 1898

about 4 o'clock a.m., and that to the best of my knowledge and belief the CAUSE OF DEATH was as

hereunder written:

IMMEDIATE CAUSE OF DEATH 138a
Conquitted Heart Failure

Immediate cause of death Failure of heart's action

Contributory cause or complication, if any Pneumonia with Influenza

Asymptomatic

Witness my hand this 25 day of Apr 1898

Signature of physician D.W. Wudge M.D.

(Address) Chesaning Mich

*In case of a Violent Death, state (1) mode of injury and whether accidental, suicidal or homicidal; (2) what was the nature of the injury and the immediate cause of death; (3) contributory causes or conditions, e.g., septicaemia. Also whether operation was performed, etc.