

1. PLACE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH

State Office No.

130 1440

County Hillsdale

Division of Vital Statistics

CERTIFICATE OF DEATH

Township _____

Village _____

Register No. 53City Hillsdale(No. Carlton Road St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Frank Haas

(a) Residence No. _____ St., Ward _____

(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 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 Married)5a. If married, widowed or divorced
HUSBAND of Nancy K. Haas
(or) WIFE of _____6. DATE OF BIRTH (Month, day and year) Sept 14 - 18757. AGE Years 60 Months 9 Days 14 IF LESS than 1 day _____ hrs. OR _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTH PLACE (city or town) Puldung Co
(State or country) Ohio13. NAME Henry Haas14. BIRTHPLACE (city or town) Germany
(State or country) _____15. MAIDEN NAME Caroline Whitstone16. BIRTHPLACE (city or town) USA
(State or country) _____17. INFORMANT Mr Nancy Haas
(Address) Hillsdale Mich18. BURIAL, CREMATION, OR REMOVAL
Place East Hill Cem Date 7/1 -, 193619. UNDERTAKER Geo Dutcher
(Address) Hillsdale Mich20. FILED June 29 1936 H. H. Hughes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6 - 29, 193622. I HEREBY CERTIFY, That I attended deceased from April 5, 1936, to June 29, 1936I last saw him alive on June 29, 1936; death is saidto have occurred on the date stated above, at 7:30 a m.

The principal cause of death and related causes of importance were as follows:

	Duration
<u>Myocardial insufficiency</u>	<u>5 mos</u>
<u>Chronic myocarditis</u>	<u>unknown</u>
<u>Arteriosclerosis</u>	<u>"</u>
<u>Pulmonary emphysema</u>	<u>"</u>

Other contributory causes of importance: _____

If operation, date of none

Condition for which performed _____

Organ or part affected _____

Was there laboratory test? yes Autopsy? no

In case of violence state if accident, homicide or suicide _____

Where did injury occur? none (Specify city, county or state)

In industry, home or public place? _____

Was disease or injury related to occupation of deceased? noSigned A. W. Strom, M.D.Address 98 N Broad, Hillsdale Mich