

Michigan Deaths and Burials, 1800-1995 for Lizzie Haas

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name: George Beck
gender: Male
burial date:
burial place:
death date: 29 May 1900
death place: Glen Arbor Tp, Leelanau, Michigan
age: 20
birth date: 1880
birthplace: Michigan
occupation: Sailor
race: White
marital status: Single
spouse's name:
father's name: August Beck
father's birthplace:
mother's name: **Lizzie Haas**
mother's birthplace:
indexing project (batch) number: B53274-5
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County Lapeer
Township Glen Arbor
Village _____
City _____

MICHIGAN
DEPARTMENT OF STATE
LANSING
VITAL STATISTICS DIVISION.
CERTIFICATE AND RECORD OF DEATH.

The Registrar should number each certificate received, at once, in space below, beginning with No. 1 for each year.
MAY 27 1900 REGISTERED NO. 513

Full name George Beck Date of death
MONTH: May YEAR: 1900
DAY: 27

Place of death { if in City } _____ Ward; No. _____ St. _____ Sex male Color white

Single, married, widowed or divorced single
If married, age at (first) marriage _____ years.
Parent of no children, of whom _____ are living. Birthplace (State or country) Michigan

Occupation Sailing
Name of father { Ans Beck Birthplace of father (State or country) Germany
Maiden name of mother { Lizzie Haas Birthplace of mother (State or country) New York

Date of burial or removal May 31 18900
Place of burial or removal South Manitou Island
Signature of undertaker { J. E. McCauley Address of undertaker { So Manitou

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 7th day of June 1900
(Signed) A. B. Sheridan
(Address) Glen Arbor Mich

Medical Certificate of Cause of Death.

I hereby certify that I attended deceased from _____ to _____ that I last saw him _____ alive on _____, that _____ died on _____ about _____ o'clock, _____ A. M., and that to the best of my knowledge and belief the CAUSE OF DEATH was as hereunder written:
DISEASE CAUSING DEATH* he had two Drs in Chicago one
Immediate cause of death Saying he had on consumption
Contributory causes or complications, if any and the other claimed he had
Post-mortem _____

DURATION OF EACH CAUSE.
Come home and only lived 4 days N.B.S.

*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., septicemia. Also whether operation was performed, etc. In deaths from tuberculosis, cancer, etc., always specify what organ or part of the body was affected. In septicemia, give cause, especially if puerperal.

Witness my hand this _____ day of _____
{ Signature of physician, }
{ health officer or coroner } _____ M. D.
(Address) _____

Write Plainly with Unfading Ink—This is a Permanent Record.