

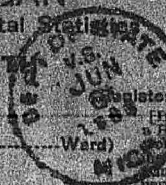
PLACE OF DEATH

County of Leelanau
 Township of Glen Arbor
 Village of _____
 City of _____ (No. _____) St. _____

 STATE OF MICHIGAN
 Department of State—Division of Vital Statistics

640

CERTIFICATE OF DEATH



Register No. 3
 If death occurred in a Hospital or Institution give its NAME and address, and the ward. If away from usual residence, give the nearest place of residence. [Information below.]

FULL NAME Mary Haas

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White
 DATE OF BIRTH (Month) (Day) (Year)
14 April 14 1822
 AGE 84 years, 0 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Widow

AGE AT MARRIAGE, NUMBER OF CHILDREN

If married, age at first marriage 28 years
 Parent of 6 children, of whom 5 are living

BIRTHPLACE (State or country)

Byron, Germany

NAME OF FATHER

Hoffman

BIRTHPLACE OF FATHER (State or country)

Germany

MAIDEN NAME OF MOTHER

Not known

BIRTHPLACE OF MOTHER (State or country)

Not known

OCCUPATION

at home keeping house

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Margie Haas(Address) South Main Street

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
May 7 1906

I HEREBY CERTIFY, That I attended deceased from May 6th, 1906, to May 7th, 1906, that I last saw her alive on May 6th, 1906, and that death occurred, on the date stated above, at N. B. M. The CAUSE OF DEATH was as follows:

ParalysisDURATION 4 DAYS

Contributory

DURATION _____ DAYS

(Signed) L. H. Shantz M. D.My office: 1906. (Address) Emporia

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at place of death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL

South Main Street

DATE OF BURIAL

May 9 1906

UNDERTAKER

Relatives

ADDRESS

South Main Street

Filed

May 15 1906 N. B. Sheridan

Registrar