PLACE OF DEATH

County of Wayne

Township of

or

Village of

or

City of Detroit

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

155

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 5757

(No. 692 Wesson St. 16 Ward)

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME August Schulz

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W

DATE OF BIRTH: (Month) May (Day) 17 (Year) 1874

AGE: 32 YEARS 5 MONTHS DAYS

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M

AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage 24 years. Parent of 3 children, of whom 2 are living

BIRTHPLACE (State or country): Ger

NAME OF FATHER: Anton Schulz

BIRTHPLACE OF FATHER (State or country): Ger

MAIDEN NAME OF MOTHER: Josephine Schulz

BIRTHPLACE OF MOTHER (State or country): Ger

OCCUPATION: Gler

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

(Informant) A. Kuzinski

(Address) Detroit

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) 10 (Day) 11 (Year) 1906

I HEREBY CERTIFY, That I attended deceased from 10/6 1906, to 10/11, 1906, that I saw h alive on , 1906, and that death occurred, on the date stated above, at 2 P. M.

The CAUSE OF DEATH was as follows:

Typhoid fever

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) C. A. Tallman M. D.

10/11 1906 (Address) Detroit

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: Holy Cross

DATE OF BURIAL: 10/12 1906

UNDERTAKER: J. Cylkowski

ADDRESS: Detroit

Filed 10/12 1906

A TRUE COPY

Registrar