

1. PLACE OF DEATH

County AntrimTownship Chestonia

Village _____

City _____

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

30

CERTIFICATE OF DEATH

Registered No. 5

JAN 2 1920

(No. _____ St. _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Jake Kregulka

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

(Usual place of abode.)

35

(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

MEDICAL CERTIFICATE OF DEATH 1919

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (WRITE the word.) Married6a If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie Kregulka8 DATE OF BIRTH (Month, day and year.) June 16 - 18587 AGE Years 61 Months 5 Days 25 If LESS than 1 day, hrs. _____ min. _____8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer(b) General nature of industry, business, or establishment in which employed (or employer) Farm Owner

(c) Name of employer _____

9 BIRTHPLACE (city or town) (State or country) Germany10 NAME OF FATHER Sam. Kregulka11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany12 MAIDEN NAME OF MOTHER Unknown13 BIRTHPLACE OF MOTHER (city or town) (state or country) Germany14 Informant Lottie Kregulka(Address) Alba, Mich.15 Filed 12/13 1919 Frank O. Schroeder Registrar.16 DATE OF DEATH (Month, day and year) Dec. 8 191917 I HEREBY CERTIFY, That I attended deceased from Oct 11, 1919, to Oct 16, 1919that I last saw him alive on Dec 8, 1919 and that death occurred on the date stated above at 10³⁰ a. m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) Typhoid fever(duration) _____ yrs. _____ mos. 40 ds.18 Where was disease contracted Antrim
If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? NoWhat test confirmed diagnosis? Symptoms(Signed) Geo. C. Murphy, M. D.12-9, 1919, Address Alba

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Manuelana, Mich. 12-11 191920. UNDERTAKER Frank O. Schroeder Address Manuelana