

Place of death  
 County Macomb  
 Township Macomb  
 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<sup>st</sup> for each year.]  
 510  
 REGISTERED NO.  
 10

{ Location }  
 in City } \_\_\_\_\_ Ward; No. \_\_\_\_\_ St. \_\_\_\_\_

Full Name Maria Hahn Date of Death April 18 1900

MONTH.	DAY.	YEAR.
April	18	1900

{ Hospital, Institution or Transient } \_\_\_\_\_  
 { Late or home Residence } Home Residence  
 { How long an Inmate or Resident } \_\_\_\_\_  
 Single, married, widowed or divorced } Married

Sex Female Color White

{ If married, age at (first) marriage } 23 years.  
 { Parent of } 7 children, of whom 6 are living.

Age

YEARS.	MONTHS.	DAYS.
66	4	18

Date of Birth

YEAR OF BIRTH.	MONTH.	DAY.
1834	Nov	24

{ Occupation, if over 10 years of age } house wife  
 { Birthplace (State or country) } Germany

Name of father Johan Engel { Birthplace of father (State or country) } Germany  
 Maiden name of mother Elizabeth Coulson { Birthplace of mother (State or country) } Germany

Certificate of Reporter.  
 The personal and family particulars herein given relative to deceased are true to the best of my knowledge and belief.

{ Date of burial or removal } April 19 1900 { Place of burial or removal } Waldenburgh Lutheran Cemetery  
 { Signature of undertaker } Robert Jones { Address of undertaker } 100 Pleasant St. Utica Mich

Medical Certificate of Cause of Death.

I hereby certify that I attended deceased from Apr 2 1900 to Apr 18 1900  
 that I last saw him alive on Apr 17 1900, that he died on Apr 18 1900  
 about 9:30 o'clock, P.M., and that to the best of my knowledge and belief the CAUSE OF DEATH was as hereunder written:

DISEASE CAUSING DEATH\* Bronchitis  
 Immediate cause of death Exhaustion  
 Contributory causes or complications, if any \_\_\_\_\_  
 Post-mortem none

DURATION OF EACH CAUSE.


\*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 19 day of Apr 1900  
 { Signature of physician, health officer or coroner } Geo. V. Robertson  
 (Address) Utica Mich