

1 PLACE OF DEATH

County Macomb

Township Macomb

Village \_\_\_\_\_

City \_\_\_\_\_

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

CERTIFICATE OF DEATH

140  
AUG - 6 '18

Registered No. 8

160

2 FULL NAME Howard Elms Stahr

(a) Residence. No. \_\_\_\_\_ St., Ward \_\_\_\_\_  
(Usual place of abode.)  
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. (If non-resident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) Single

5a If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_

6 DATE OF BIRTH (Month, day and year.) Dec 28

7 AGE Years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.  
12 6 10

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9 BIRTHPLACE (city or town) (State or country) Michigan

10 NAME OF FATHER John H. Stahr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Michigan

12 MAIDEN NAME OF MOTHER Ida Treich

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Michigan

14 Informant John A. Leary  
(Address) 101 St. Clement

15 Filed July 12 1918 Chas Bellman  
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) July 9 1918

17 I HEREBY CERTIFY, That I attended deceased from June 28, 1918, to July 9, 1918 that I last saw him alive on July 9, 1918 and that death occurred on the date stated above at 1:15 p.m.  
The CAUSE OF DEATH\* was as follows:

Paralysis of heart  
9  
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diphtheria  
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of \_\_\_\_\_

Was there an autopsy? no

What test confirmed diagnosis? \_\_\_\_\_

(Signed) J. K. Purcell M. D.  
July 9, 1918 Address 101 St. Clement

\*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 Date of Burial

Clinton Grove July 11 1918

20 UNDERTAKER Address

John J. Stahr Macomb