

PLACE OF DEATH
 County Macomb
 Township _____
 or Village Utica
 or City _____

STATE OF MICHIGAN
 Department of State—Division of Vital Statistics

363

CERTIFICATE OF DEATH

Registered No. _____

FULL NAME Anna Haber ✓

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Female **COLOR OR RACE** White **SINGLE, MARRIED, WIDOWED, OR DIVORCED** Divorced

DATE OF BIRTH Apr. 5, 1914
 (Month) (Day) (Year)

AGE 42 yrs. 0 mos. 0 ds. **IF LESS than 1 day, hr. OR min.?**

OCCUPATION
 (a) Trade, profession or particular kind of work Clerk
 (b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) Michigan

PARENTS

NAME OF FATHER John Hasky
BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Cydlina Reick
BIRTHPLACE OF MOTHER (State or country) Germany

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 26, 1916
 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1914, 1914, to Dec 26, 1916, that I last saw her alive on Dec 26, 1916, and that death occurred, on the date stated above, at 11 P.M.

The **CAUSE OF DEATH** * was as follows:

Tuberculosis of Sacrum 33
 (Duration) 2 yrs. 0 mos. 0 ds.

Contributory Myelitis
 (SECONDARY) (Duration) 1 yrs. 0 mos. 0 ds.

Signed Geo V Roberson, M. D.
Dec 27, 1916 (Address) Utica Mich

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Hasky
Utica Mich.

Dec 31, 1916 Geo V Roberson
 REGISTRAR

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death _____ yrs. _____ mos. _____ ds. in the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, if not at place of death?
 Former or actual residence _____

PLACE OF BURIAL OR REMOVAL Utica
Geo J. Dusenbury

DATE OF BURIAL Dec 31, 1916
ADDRESS Utica, Mich.