County Leelanau

Township Elmwood

Village

City

MICHIGAN.

DEPARTMENT OF STATE—DIVISION OF VITAL STATISTICS.

CERTIFICATE AND RECORD OF DEATH.

REGISTERED NO. 4 586

	MONTH.	DAY.	YEAR.
Date of death	Nov	2	1899

Full name George Haas

(Place of death if in city) Ward, in South Manitou Island

Sex M

Color

Single, married, widowed or divorced Married

(If married, age at (first) marriage 22 years.)

AGE	YEARS.	MONTHS.	DAYS.
	72	9	27

Parent of 5 children, of whom 5 are living.

Birthplace (State or country) Germany

Occupation Farmer

Certificate of Reporter

The personal and family particulars herein given relative to deceased are true to the best of my knowledge and belief. Witness my hand this 27 day of Nov 1899.

(Signed) Will Haas

(Address) South Manitou

(Name of father) Unknown — (Birthplace of father (State or country)) Germany

(Maiden name of mother) Unknown — (Birthplace of mother (State or country)) Germany

Date of burial or removal November 5 1899

Place of burial or removal on Farm South Manitou Island

(Signature of undertaker) — (Address of undertaker) Frankfort

Medical Certificate of Cause of Death.

I hereby certify that I attended deceased from ____ 189 to ____ 189

that I last saw h__ alive on ____ 189 , that ____ died on ____ 189

about ____ o'clock, ____ M. and that to the best of my knowledge and belief the CAUSE OF DEATH was as hereinafter written.

	DURATION OF EACH CAUSE.
DISEASE CAUSING DEATH* Cancer of the Stomach	5 months
Immediate cause of death	
Contributory causes or complications, if any	
Post-mortem No	

*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.

Witness my hand this ____ day of ____ 189

(Signature of physician or health officer or coroner) Ann Arbor Hospital M. D.

(Address) ____

Write Plainly with Unfading Ink—This is a Permanent Record.