STATE OF MICHIGAN

Department of State—Division of Vital Statistics

CERTIFICATE OF DEATH

SEP 10 1912

Registered No. 4

[1] PLACE OF DEATH

County Delaware

Township or Village or City Glen Arbor / South Manitou Island

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

[2] FULL NAME Joseph Haas

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Male

[4] COLOR OR RACE: White

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

[6] DATE OF BIRTH: June 15 (Month) (Day), 1853 (Year)

[7] AGE: 59 yrs. 1 mos. 25 ds. If LESS than 1 day, ... hrs. or ..... min.?

[8] OCCUPATION

(a) Trade, profession or particular kind of work: Farmer & Fisherman

(b) General nature of industry, business, or establishment in which employed (or employer):

[9] BIRTHPLACE (State or country): Germany

PARENTS

[10] NAME OF FATHER: George Haas

[11] BIRTHPLACE OF FATHER (State or country): Germany

[12] MAIDEN NAME OF MOTHER: Mary Zigler

[13] BIRTHPLACE OF MOTHER (State or country): Germany

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Joseph Haas

(Address) South Manitou

[15] Filed Aug 10, 1912 Geo F Dyx REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: July (Month) 10 (Day), 1912 (Year)

[17] I HEREBY CERTIFY, That I attended deceased from ....., 191 ., to ....., 191 .,

that I last saw h..... alive on ....., 191 .,

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH * was as follows:

Drowning Accidental

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L H Shank, M. D.

July 10, 1912 (Address) Empire Mich.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 58 yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: South Manitou — DATE OF BURIAL: July 13, 1912

[20] UNDERTAKER: Chas Ackerman — ADDRESS: Empire