

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

100815  
9757  
Register No.

CERTIFICATE OF DEATH

CITY Detroit No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 2 FULL NAME Edward H Killian  
 4 Residence No. 125 Leicester Court St., Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 24 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male  
 4 Color or Race White  
 5 Single, Married, Widowed or Divorced (Write the word) Married  
 5a If married, widowed or divorced HUSBAND of Willie M Moore  
 (Last Name)  
 6 DATE OF BIRTH (Month, day and year) Nov 12 - 1876  
 7 AGE Years 51 Months 8 Days 6  
 If LESS than 1 day \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.

8 OCCUPATION OF DECEASED Former Base Ball Player  
 (a) Trade, profession or particular kind of work Auto Mechanic  
 (b) General nature of industry, business, or establishment in which employed (or employer) Ford Motor Co  
 (c) Name of employer. Lincoln Motor

9 BIRTHPLACE (city or town; state or country) Racine Wis 3  
 10 NAME OF FATHER Andrew Killian  
 11 BIRTHPLACE OF FATHER (city or town; state or country) Germany  
 12 MAIDEN NAME OF MOTHER Etta Harliss  
 13 BIRTHPLACE OF MOTHER (city or town; state or country) Germany

14 Informant Mrs. Willie M. Killian  
 (Address) 125 Leicester Court  
 15 Filed \_\_\_\_\_ 192\_\_\_\_ Registrar \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) July 18 1928  
 17 I HEREBY CERTIFY, That I attended deceased from Oct 1 1927 to July 18 1928  
 that I last saw him alive on July 18 1928  
 that death occurred on the date stated above at 7:45 P.M.

The CAUSE OF DEATH\* was as follows:  
Cancer - Hypernephroma

CONTRIBUTORY (Secondary) \_\_\_\_\_  
 (duration) \_\_\_\_\_ yrs. 9 months

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? X-ray

(Signed) Leman J. Janssen M.D.  
July 19 1928 Address Detroit Mich  
 \*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.) 4284

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery Date of Burial July 20 1928  
 UNDERTAKER Wm. C. Galt Address 5161 Grand Ave  
License 1313

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