

PLACE OF DEATH
 County Wayne
 Township

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

282 457
 457
 Register No.

CERTIFICATE OF DEATH

City Dearborn
 2 FULL NAME Jacob Axelroth

(If death occurred in a hospital or institution, give its NAME instead of street and number)
 Ward 1

a) Residence No. 715 Wayne St., Ward Detroit Mich
 (Usual place of abode)
 Length of residence in city or town where death occurred 1 yrs. 4 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Emma (or) WIFE of

6 DATE OF BIRTH (Month, day and year) July 6, 18 51

7 AGE Years Months Days If LESS than 1 day... hrs. OR... min.
75 31 16

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Laborer (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)) Indiana 90

10 NAME OF FATHER Blenny - 90

11 BIRTHPLACE OF FATHER (city or town) (state or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

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

14 Informant F. Schwalm (Address) Dearborn

15 Filed 10/22, 1926. J. Bennett Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) October 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr 18, 1926 to 10-22, 1926, that I last saw him alive on 10-22, 1926 and that death occurred on the date stated above at 7:10 P.M. The CAUSE OF DEATH* was as follows:

General Paralysis of Insane
 (duration) yrs. mos. ds. 16

CONTRIBUTORY (Secondary) Senility (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? Physical Exam.

(Signed) J. E. Cameron M.D. 10-22, 1926. Address Close 944

*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 Detroit Date of Burial 10/22 1926

20 UNDERTAKER Henry J. Stahl Address Detroit