

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

CERTIFICATE OF DEATH

213 1726

Register No. 10

Cattle Creek, Michigan
 Death occurred in a hospital or institution, give the name and kind of institution

1. FULL NAME *Dr. J. B. Hahler*
 2. Residence No. *114 Woodland Ave.* *Detroit*
 (Street, place or number)
 3. City or town in which death occurred *Detroit*

4. Sex *Male*
 (If non-resident state, city or town and state)
 5. How long in U. S. if of foreign birth *10 yrs.*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

6. SEX *Male*
 7. Color or Race *White*
 8. Single, Married, Widowed or Divorced (If other, give word) *Married*

10. DATE OF DEATH
 Month, day and year *Feb 7 1928*

9. If married, widowed or divorced
 HUSBAND of *Dr. Jean Hahler*
 (and WIFE of)

11. I HEREBY CERTIFY, That I attended deceased from *Nov 24 1927* to *Feb 7 1928* that I last saw deceased on *Feb 7 1928* and that death occurred on the date stated above at *Detroit*

10. DATE OF BIRTH
 (Month, day and year) *Sept. 6 - 1889*

THE CAUSE OF DEATH is as follows:
*Chronic Hepatitis over a year
 complicated by Duodenitis, Tuberculosis
 Tophaceous infection, Meningitis and
 Generalized Capillary Hemorrhage*

11. AGE
 Years *34* Months *5* Day *1*
 12. LESS than 1 day OR etc.

CONTRIBUTORY *Heart Disease*
 (Secondary) Duration *10 yrs.*

12. OCCUPATION OF DECEASED
 (a) Trade, profession or particular kind of work *Physician*
 (b) General nature of industry, business, or establishment in which employed (or unemployed)
 (c) Name of employer.

13. Where was disease contracted
 If not at place of death *Back Road*
 Did an operation precede death? *Yes* (Date of *Dec 3-25*)

13. BIRTHPLACE (City or town, State or country) *Athens Ohio*

Was there an autopsy? *Yes*
 What test confirmed diagnosis? *Histology confirmed*

14. NAME OF FATHER *James Hahler*

14. Place of Burial, Cremation, or Removal *St. Charles to Holy Sepulchre*
 City, State *Detroit Mich.*

15. BIRTHPLACE OF FATHER (City or town, State or country) *Xenia Ohio*

16. MOTHER'S NAME OF MOTHER *Larah Russell*

17. BIRTHPLACE OF MOTHER (City or town, State or country) *McArthur Ohio*

18. Informant *Dr. Jean Hahler*
 Address *157 Woodland Ave. Detroit Mich.*
 Date *Feb 7 1928*

19. Place of Burial, Cremation, or Removal *Athens Ohio*
 Date of Burial *Feb 8 1928*
 Name of Burial Agent *Franklin B. Shaw*

20. Date of Death *Feb 7 1928*

20. Date of Death *Feb 7 1928*