

PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

64

County

Township

OR

Village

OR

City

MAY - 9 '16

CERTIFICATE OF DEATH

Registered No.

159

FULL NAME

Elvise Sanabonum

If death occurred in a hospital or institution, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

Male

COLOR OR RACE

White

SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(State on face)

Single

DATE OF DEATH

Apr 27, 1916
(Month) (Day) (Year)

DATE OF BIRTH

Sept 5, 1882
(Month) (Day) (Year)

AGE

33 yrs 7 mos 22 ds
If LESS than 1 day, hrs. or min.

17 I HEREBY CERTIFY, That I attended deceased from Apr 11, 1916, to Apr 27, 1916, that I last saw him alive on Apr 27, 1916, and that death occurred, on the date stated above, at 4/16.

The CAUSE OF DEATH^c was as follows:

OCCUPATION

(a) Trade, profession or particular kind of work
Base Ball player

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

Pulmonary Tuberculosis

Unknown
(Duration) yrs. mos. ds.

BIRTHPLACE

Michigan

10 NAME OF FATHER

Anthony Kustus

11 BIRTHPLACE OF FATHER (State or country)

Germany

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER (State or country)

Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. E. Bennett,
Elvise, Mich
(Address)

Contributory (SECONDARY)

(Signed) J. E. Bennett, M.D.
Apr 27, 1916 (Address) Elvise, Mich

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

16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death yrs. mos. 17 ds. In the State yrs. 33 mos. 22 ds.

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

Former or usual residence Detroit

18 PLACE OF BURIAL OR REMOVAL

Detroit

DATE OF BURIAL

Apr 27 1916

19 UNDERTAKER

M. L. Haley

ADDRESS

Detroit

Filed Apr 27 1916 E. D. Anderson
REGISTRAR