

**DETROIT DEPARTMENT OF HEALTH
VITAL STATISTICS DIVISION**

SOCIAL SECURITY NO.

CERTIFICATE OF DEATH

State File No.

MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics

If person, name was
No

FULL NAME **HARRY J. DAUBERT**

Local File No. **440**

PLACE OF DEATH:
County **Wayne**
Township _____
City or village **Detroit**
Name of hospital **Receiving Hospital**
(If not in hospital, give street address.)
Length of stay: In hospital **10 hrs**
In this community **25 yrs**

USUAL RESIDENCE OF DECEASED:
State **Michigan** County **Wayne**
Township _____
City or village **Detroit**
Street no. **1417 Van Dyke**
Citizen of foreign country? **No**
If yes, name country _____

Sex **Male** Color or Race **White** Single, Married, Widowed or Divorced **Married**

MEDICAL CERTIFICATION

NAME OF HUSBAND or WIFE
Name **Amye F. S. Sencer** Age, Male or Female **53**

Date of death **1-8 1944**

Birth date of deceased **June 13th 1892**

I hereby certify that I attended the deceased from **Jan 8 1944** to **Jan 8 1944** I last saw him alive on _____ 19____. Death is said to have occurred on the date stated above at **6:40 P.M.**

Age: Years	Months	Days	If less than one day
51	6	19	

Immediate cause of death
LOBAR PNEUMONIA

Birthplace **Columbus Ohio**

Usual occupation **Ball Player**

Other contributory causes of importance
Coronary

Industry or business _____

Name **Albert Daubert**

Birthplace **Columbus Ohio**

Wife's name **Lilly M. Barnes**

Birthplace **Columbus Ohio**

Major findings and dates:
Of operations _____

Informant **Mrs Amye F. Laubert**

Address **1417 Van Dyke**

Of autopsy **Same**

Detail, ~~where~~ (Circle the word which applies)

Place **Detroit Michigan**

Cemetery **Forest Lawn** Date **1/11/ 1944**

In case of violence, state if accident, homicide or suicide

Funeral Director's Signature **A. H. Peters**

Address **12057 Gratiot Ave**

Where did injury occur? **Receiving Hospital**
(Specify city, county, etc.)

Local Registrar _____

Date **JAN 11 1944**

In industry, home or public place? **Coronary**

Was disease or injury related to occupation of deceased?

Signature **Carl E. Trojer M.D.**

Address **Receiving Hospital**