

PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County Washtenaw

CERTIFICATE OF DEATH

OCT 5 - 1910 Registered No. 267

Township _____

OR

Village _____

OR

City Ann Arbor (No. 630, N. Main) St. 8 Ward _____

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

' FULL NAME Louis Schiappacase

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1 SEX Male 2 COLOR OR RACE White 3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

16 DATE OF DEATH Sept. 90, 1910
(Month) (Day) (Year)

4 DATE OF BIRTH May 29, 1881
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 12, 1910, to Sept 20, 1910, that I last saw him alive on Sept 20, 1910, and that death occurred, on the date stated above, at 4 a.m.

7 AGE 29 yrs. 5 mos. 21 ds. If LESS than 1 day, _____ hrs. OR _____ min.?

The CAUSE OF DEATH* was as follows:

8 OCCUPATION (a) Trade, profession or particular kind of work Professional Ball Player
(b) General nature of industry, business, or establishment in which employed (or employer) _____

Dysphoid Fever

9 BIRTHPLACE (State or country) Michigan

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

10 NAME OF FATHER Anton Schiappacase

(Signed) M. H. Scher, M. D.

11 BIRTHPLACE OF FATHER (State or country) Italy

9-20, 1910 (Address) Ann Arbor Mich

12 MAIDEN NAME OF MOTHER Catherine Schiappacase

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

13 BIRTHPLACE OF MOTHER (State or country) Italy

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

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

(Informant) Rosa Schiappacase

Former or usual residence _____

(Address) Ann Arbor Mich

19 PLACE OF BURIAL OR REMOVAL St. Thomas Cemetery DATE OF BURIAL Sept 27, 1910

15 Filed Sept. 20, 1910 Rosa Granger

20 UNDERTAKER J. J. Mushby ADDRESS Ann Arbor