

PLACE OF DEATH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

CERTIFICATE OF DEATH

OCT 5 - 1910 Registered No. 267

St. 8 Ward

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

FULL NAME Louis Schiappacasse

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH Sept. 20, 1910 (Month) (Day) (Year)

DATE OF BIRTH Mar 29, 1881 (Month) (Day) (Year)

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 P. M.

AGE 29 yrs. 5 mos. 21 da. OR LESS than 1 day, hrs. OR min.?

The CAUSE OF DEATH* was as follows:

OCCUPATION (a) Trade, profession or particular kind of work Professor of Ball Play (b) General nature of industry, business, or establishment in which employed (or employer)

Typhoid Fever

BIRTHPLACE (State or country) Michigan

Contributory (SECONDARY) (Duration) yrs. mos. da.

PARENTS NAME OF FATHER Anton Schiappacasse

(Signed) M. H. Baker, M. D. (Duration) yrs. mos. da.

BIRTHPLACE OF FATHER Italy

9-20, 1910 (Address) Ann Arbor Mich

MAIDEN NAME OF MOTHER Catherine Schiappacasse

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

BIRTHPLACE OF MOTHER Italy

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

At place of death yrs. mos. da. In the State yrs. mos. da.

(Informant) Rosa Schiappacasse

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

(Address) Detroit, Mich.

Former or usual residence

FILED Sept. 20, 1910 Ross Granger REGISTRAR

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

UNDERTAKER J. J. Mushby ADDRESS Ann Arbor