

Yagley (Jagla) Family History

An Historic Guide to Discovering Your Past

Detroit, Wayne County, Michigan

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Second Generation – Descendants of NN Wojewski and Rosalia Szlas – 1
John (Wojewski) Yagley and Pauline Brzoskowska – 3

1953 Death Record, Pauline (Brzoskowski) Yagley
City Clerk's Office, Dearborn, Wayne County, Michigan
Date of Death: Dec. 11, 1953

CERTIFICATE OF DEATH				MICHIGAN DEPARTMENT OF HEALTH Vital Records Section		
BIRTH No.		Local File No. <u>449</u>				
1. PLACE OF DEATH a. COUNTY <u>Wayne</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mich.</u> b. COUNTY <u>Wayne</u>				
b. CITY (If outside corporate limits, write RURAL, and give townships) <u>Dearborn</u>		c. LENGTH OF STAY (in this place) <u>4 wks.</u>		c. TOWNSHIP, CITY OR VILLAGE (Name of) <u>Dearborn</u> d. Is Residence within limits a city or incorporated village? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Oakwood Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>5416 Jonathon</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>PAULINE</u> b. (Middle) <u>YAGLEY</u> c. (Last) <u>(JAGLA)</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-11-53</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>4-10-68</u>	9. AGE (in years last birthday) <u>85</u>	If under 1 year: 11 months 12 years 24 months 36 months	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (State or foreign country) <u>Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>John Brozkowski</u>		14. MOTHER'S MAIDEN NAME <u>Unk.</u>		15. NAME OF HUSBAND OR WIFE OF DECEASED <u>John Yagley</u>		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. SOCIAL SECURITY NO. <u>none</u>		18. INFORMANT'S NAME AND ADDRESS <u>John Yagley same</u>		
19. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Gangrene of left leg</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. <u>Embolus L. paplited artery</u> <u>Auricular fibrillation</u> DUE TO (c) H. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arteriosclerosis</u>			Interval between Onset and Death <u>4 wks.</u> <u>6 wks.</u> <u>10 yrs.</u> <u>1015 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>		
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>11-12-53</u> , 19 <u>53</u> , to <u>12-11-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12-10-53</u> , and that death occurred at <u>1:10 A.</u> m., from the causes and on the date stated above.						
23a. SIGNATURE <u>W. McDonald, M.D.</u>		23b. ADDRESS <u>7301 Schaefer</u>		23c. DATE SIGNED <u>12-11-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-14-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>		
24d. LOCATION (City, village, town, or county) (State) <u>Wayne, Mich.</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Walter Dalton, Dearborn</u>				
DATE REC'D BY LOCAL REG. <u>12-14-53</u>		REGISTRAR'S SIGNATURE <u>MYRON A. STEVENS</u>				

Image obtained 1978, by Robert Yagley.