

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

1927 Death Record, John Yagley
Detroit Dept. Of Health, Detroit, Michigan
Date of Death: March 17, 1927

DETROIT DEPARTMENT OF HEALTH
VITAL STATISTICS DIVISION

STATE OF MICHIGAN
Department of Health—Division of Vital Statistics

County of WAYNE
City of DETROIT

Transcript of CERTIFICATE OF DEATH—Local Register

Registered No. 3711

(No. of death occurred in a hospital or institution, give its NAME (street of street and number.) St. Joseph's Mercy Hosp. Ward.....)

1 FULL NAME John Yagley

(a) Residence No. 7038 (Usual place of abode) (b) Ward..... (If non-resident give city or town and state)

Length of residence in City or town where death occurred yrs. mos. d. How long in U. S., if of foreign birth? yrs. mos. d.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>M</u>	4 Color or Race <u>W</u>	5 Single, Married, Widowed or Divorced (write the word) <u>Married</u>		16 DATE OF DEATH (Month, day and year) <u>3/17</u> 192 <u>7</u>	17 I HEREBY CERTIFY, That I attended deceased from 192... to... 192... that I last saw him... alive on... 192... that death occurred on the date stated above at... The CAUSE OF DEATH* was as follows: <u>hemorrhage following fractured R. knee</u>
6a If married, widowed or divorced (write name of HIS (or) HER) <u>Pauline Brzoskowska</u>				17 CONTRIBUTORY (Secondary) <u>struck by auto</u> (duration) yrs. mos. d.	
6 DATE OF BIRTH (Month, day and year) <u>April 14 - 1868</u>				18 Where was disease contracted If not at place of death?..... Date of..... Did an operation precede death?..... Date of..... Was there an autopsy? <u>Yes</u> What treatment was given? <u>St. Joseph's</u>	
7 AGE Years <u>58</u> Months <u>11</u> Days <u>13</u>	8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work <u>Cigar Maker</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>St. Peter's Cigar Co.</u> (c) Name of employer			19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>St. X. Olivet</u> Date of Burial <u>3/21</u> 192 <u>7</u>	
9 BIRTHPLACE (city or town) (state or country) <u>Germany</u>				20 UNDERTAKER <u>Anthony Wajda</u> Address <u>Del.</u>	
10 NAME OF FATHER <u>Yagley</u>				*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
11 BIRTHPLACE OF FATHER (city or town) (state or country) <u>Germany</u>					
12 MAIDEN NAME OF MOTHER <u>Rosa Schlow</u>					
13 BIRTHPLACE OF MOTHER (city or town) (state or country) <u>Germany</u>					
14 Informant <u>Pauline Yagley</u>					
(Address) <u>7038 Michigan</u>					
15 Filed <u>3/21</u> 192... Registrar <u>Del.</u>					

FOLLOW THESE DIRECTIONS WHEN FILING THIS IS A PERMANENT RECORD

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