

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 Michael Miller and Augusta (Wojewski) Jagla – 2

1937 Death Record, Augusta (Jagla) Miller
Macomb County Clerk's Office, Mt. Clemens, Macomb County, Michigan
Date of Death: 14 Feb 1937

STATE OF MICHIGAN			
CERTIFICATION OF VITAL RECORD			
COUNTY OF MACOMB			
1. PLACE OF DEATH County <u>Macomb</u> Township _____ Village of <u>Roseville</u> City _____ (If death occurred in a hospital or institution, give its NAME instead of street and number)		MICHIGAN DEPARTMENT OF HEALTH Division of Vital Statistics CERTIFICATE OF DEATH State Office No. _____ Registrar No. <u>7</u>	
2. FULL NAME <u>Augusta Miller</u> (a) Residence No. <u>28841 Gratiot Ave.</u> St., Ward _____ (Usual place of abode) (If non-resident give city or town and state) Length of residence in city or town where death occurred <u>55</u> yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (WRITE the word) <u>Widow</u>	21. DATE OF DEATH (month, day, and year) <u>Feb. 14, 1937</u>
6. If married, widowed or divorced (or) WIFE of <u>Widow Michael</u>			22. I HEREBY CERTIFY, That I attended deceased from <u>Feb. 11, 1937, to Feb. 14, 1937</u>
6. DATE OF BIRTH (Month, day and year) <u>Apr. 25 1884</u>			I last saw h. <u>BT</u> alive on <u>Feb. 14, 1937</u> ; death is said to have occurred on the date stated above, at <u>1:30</u> pm.
7. AGE Years Months Days <u>75 9 20</u> IF LESS than 1 day, hrs. OR min.			The principal cause of death and related causes of importance were as follows: <u>Arteriosclerosis</u> Duration <u>Don't know</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			Other contributory cause of importance: <u>Malnutrition</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation <u>Germany</u>
12. BIRTH PLACE (city or town) (State or country) <u>Germany</u>			If operation, date of <u>No</u>
13. NAME <u>Unknown</u>			Condition for which performed
14. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>			Organ or part affected
15. MAIDEN NAME <u>Unknown</u>			Was there laboratory test? <u>No</u> Autopsy? <u>No</u>
16. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>			In case of violence state if accident, homicide or suicide <u>No</u>
17. INFORMANT <u>Michael Miller Jr.</u> (Address) <u>as above</u>			Where did injury occur? (Specify city, county or state)
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mt. Olivet, Det.</u> Date <u>2/17 / 1937</u>			In industry, home or public place?
19. UNDERTAKER <u>Henry J. Walkenbach</u> (Address) <u>Roseville, Mich.</u>			Was disease or injury related to occupation of deceased?
20. FILED <u>2/16/37</u> , 19 <u>Jan. E. 1937</u> Registrar.			Signed <u>J. E. Cullatt, M. D.</u> Address <u>Roseville, Mich.</u>

Document obtained by Robert Yagley, Aug 2008.