

Yagley (Jagla) Family History

An Historic Guide to Discovering Your Past

Detroit, Wayne County, Michigan

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Second Generation – Descendants of Valentine Jagla and Rosalia Szlas – 1 Joseph Stanley Jaglay and Frances Banach – 6

1956 Death Record, Joseph Stanley Jaglay
Detroit Dept. Of Health, Detroit, Michigan
Date of Death: March 26, 1956

CERTIFICATE OF DEATH
MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No. _____
Local File No. **4263**

BIRTH No. _____

1. PLACE OF DEATH
a. COUNTY: **Wayne**
b. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE: **Detroit**
c. LENGTH OF STAY (in this place): _____

2. USUAL RESIDENCE (Where deceased lived. If certification residence before admission.)
a. STATE: **Michigan**
b. COUNTY: **Wayne**
c. TOWNSHIP, CITY OR VILLAGE: **Detroit**
d. In Residence within limits of a city or incorporated village? Yes No

3. FULL NAME OF HOSPITAL OR INSTITUTION: **Providence Hospital**
a. STREET ADDRESS: **8411 E. Outer Drive**

4. NAME OF DECEASED
a. (First): **JOSEPH**
b. (Middle): **S.**
c. (Last): **JAGLAY**
d. DATE OF DEATH: **March 27, 1956**

5. SEX: **Male**
6. COLOR OR RACE: **White**
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): **Married**
8. DATE OF BIRTH: **Sept. 21, 1878**
9. AGE (In years last birthday): **77**
Months: _____ Days: _____ Hours: _____ Min: _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): **Salesman**
10b. KIND OF BUSINESS OR INDUSTRY: **Real estate Agency - Detroit, Michigan**
11. BIRTHPLACE (State or foreign country): **USA**
12. CITIZEN OF WHAT COUNTRY?: **USA**

13. FATHER'S NAME: **Valentine Jaglay**
14. MOTHER'S MAIDEN NAME: **Rozalia Schloss**
15. NAME OF HUSBAND OR WIFE OF DECEASED: **Frances Banach Jaglay**

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): **no**
17. SOCIAL SECURITY NO.: **none**
18. INFORMANT'S NAME: **Mrs. Frances Jaglay - above**
18a. ADDRESS: **above**

19. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH * (a): **Myocardial Infarction**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): **Arteriosclerotic Heart Disease**
DUE TO (c): **Coronary Atherosclerosis**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Embolus to rt femoral Artery & Amputation Rt. Thigh

19a. MEDICAL CERTIFICATION
Interval Between Onset and Death: **Acute**
2 yrs
2 yrs
2 wks

19b. DATE OF OPERATION: _____
19c. MAJOR FINDINGS OF OPERATION: _____
20. AUTOPSY? Yes No

21a. ACCIDENT SUICIDE HOMICIDE (Specify): _____
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) (Min): _____
21e. INJURY OCCURRED While at Work Not While at Work
21f. HOW DID INJURY OCCUR?: _____

22. I hereby certify that I attended the deceased from **11/1** **1955** to **3/26** **1956** that I last saw the deceased alive on **3/26** **1956** and that death occurred at **11:00** **A.** m. from the cause and on the date stated above.

22a. SIGNATURE (Degree or title): **Dr. Glenn Hiller**
22b. ADDRESS: **13700 Woodward**
22c. DATE SIGNED: **3/39/56**

23a. BURIAL CREMATION, REMOVAL (Specify): **Burial**
23b. DATE: **April 2, 56**
23c. NAME OF CEMETERY OR CREMATORY: **Mt. Olivet**
23d. LOCATION (City, village, twp., or county) (State): **Detroit, Michigan**

DATE REC'D BY LOCAL REG.: **MAR 30 1956**
REGISTRAR'S SIGNATURE: **Joseph G. Melow M.D.**
24. FUNERAL DIRECTOR'S SIGNATURE: **L.T. Sobocinski**
ADDRESS: **5144 McDougall Detroit 11**