

# 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

### 1975 Death Record, Frances Banach Jaglay Arenac County, Michigan

DECEASED		PARENTS		CAUSE		CERTIFIER		BURIAL	
<p>26 (2026) SOCIAL NUMBER      CERTIFICATE OF DEATH      Michigan Department of Public Health      STATE FILE NUMBER</p>									
1. DECEASED—NAME FIRST MIDDLE LAST <b>FRANCES JAGLAY</b>			2. SEX <b>FEMALE</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>APRIL 4, 1975</b>			4. COUNTY OF DEATH <b>ARENAC</b>		
5. RACE (SPECIFY) <b>WHITE</b>		6. AGE—LAST BIRTHDAY (YEARS) MONTH DAYS <b>94</b>		7. DATE OF BIRTH (MONTH, DAY, YEAR) <b>FEB. 20, 1881</b>		8. CITY, VILLAGE, OR TOWNSHIP OF DEATH <b>STANDISH</b>			
9. USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION <b>UNKNOWN</b>		10. CITIZEN OF WHAT COUNTRY <b>USA</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>WIDOWED</b>		12. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>NONE</b>			
13. SOCIAL SECURITY NUMBER <b>UNKNOWN</b>		14. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, IF REEDED) <b>HOUSEWIFE</b>		15. KIND OF BUSINESS OR INDUSTRY <b>HOUSEHOLD</b>		16. RESIDENCE—STREET AND NUMBER (IF NOT IN OTHER, GIVE STREET AND NUMBER) <b>1052 Whitefeather R#1, Bentley, Michigan</b>			
17. RESIDENCE—STATE <b>MICHIGAN</b>		18. COUNTY <b>BAY</b>		19. CITY, VILLAGE OR TOWNSHIP <b>GIBSON TWP.</b>		20. INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>NO</b>			
15. FATHER—NAME FIRST MIDDLE LAST <b>JOSEPH BANACH</b>			16. MOTHER—MAIDEN NAME FIRST MIDDLE LAST <b>UNKNOWN</b>			17. INFORMANT—NAME <b>EDWARD KROGLSKI</b>			
18. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>1052 Whitefeather, R#1, Bentley, Michigan 48613</b>			19. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						
<p>21. IMMEDIATE CAUSE <b>(a) CEREBROVASCULAR ACCIDENT WITH COMA</b> DUE TO, OR AS A CONSEQUENCE OF: <b>(b) CEREBROTHROMBOSIS</b> DUE TO, OR AS A CONSEQUENCE OF: <b>(c) GENERALIZED ARTERIOSCLEROTIC HEART DISEASE</b></p>									
<p>22. PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a):</p>									
23. ACCIDENT, SUICIDE, HOMICIDE, (SPECIFY)		24. DATE OF INJURY (MONTH, DAY, YEAR)		25. HOUR		26. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		27. AUTOPSY (YES OR NO)	
28. INJURY AT WORK (SPECIFY YES OR NO)		29. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		30. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		31. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH (YES OR NO)			
32. CERTIFICATION—PHYSICIAN ATTENDED THE DECEASED FROM		33. MONTH DAY YEAR <b>03 30 75</b>		34. TO MONTH DAY YEAR <b>4 4 75</b>		35. AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR <b>4 3 75</b>		36. I DID/DID NOT VIEW THE BODY AFTER DEATH <b>not</b>	
37. CERTIFICATION—MEDICAL EXAMINER OR CORONER, ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN AN OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSES, STATED.		38. MONTH DAY YEAR <b>4 8 75</b>		39. HOUR OF DEATH <b>6:45a</b>		40. THE DECEASED WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR <b>4 8 75</b>			
41. CERTIFIER—NAME (TYPE OR PRINT) <b>C. T. Caszatt, D.O.</b>			42. SIGNATURE <b>C. T. Caszatt, D.O.</b>			43. DEGREE OR TITLE <b>D.O.</b>		44. DATE SIGNED (MONTH, DAY, YEAR) <b>4-8-75</b>	
45. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>529 E. Cedar Box 540 Standish, Michigan 48658</b>			46. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>BURIAL</b>						
47. CEMETERY OR CREMATORY—NAME <b>ST. MARY'S</b>			48. LOCATION CITY, VILLAGE, TWP. OR COUNTY STATE <b>BAY COUNTY, MICHIGAN</b>			49. DATE (MONTH, DAY, YEAR) <b>APR. 7, 1975</b>			
50. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>LEE FUNERAL HOME PINCONNING, MICHIGAN 48650</b>			51. REGISTRAR—SIGNATURE <b>Douglas C. Black</b>			52. DATE RECEIVED BY LOCAL REGISTRAR <b>April 8, 1975</b>			