

(No. [If death occurred in a hospital or institution, give its NAME instead of street and number] ST.; WARD) REGISTERED NO. 60

² FULL NAME August Magar
(18a) RESIDENCE NO. 169 State ST. WARD. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? 43 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

³ SEX Male ⁴ COLOR OR RACE White ⁵ SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

^{6a} IF MARRIED, WIDOWED OR DIVORCED Husband of (or) Wife of Mary Stillman

⁶ DATE OF BIRTH May 1, 1850
(Month) (Day) (Year)

⁷ AGE 73 yrs. 6 mos. 14 ds. If LESS than 1 day, how many hrs. or min.?

⁸ OCCUPATION (a) Trade, profession, or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

⁹ BIRTHPLACE (City or Town) Germany
(State or Country)

PARENTS
¹⁰ NAME OF FATHER Fred Magar
¹¹ BIRTHPLACE OF FATHER (City or Town) Germany
(State or Country)
¹² MAIDEN NAME OF MOTHER Marion Milke
¹³ BIRTHPLACE OF MOTHER (City or Town) Germany
(State or Country)

¹⁴ THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) James Magar
(Address) Albion N.Y.

¹⁵ Filled Nov 17, 1923 Thos Hunt Registrar

BURIAL OR TRANSIT } PERMIT ISSUED BY Thos Hunt

MEDICAL CERTIFICATE OF DEATH

¹⁶ DATE OF DEATH Nov 15, 1923
(Month) (Day) (Year)

¹⁷ I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Nov 14, 1923 TO Nov 15, 1923

THAT I LAST SAW HIM ALIVE ON Nov 14, 1923 AND THAT DEATH OCCURRED ON THE DATE STATED ABOVE, AT

11 A.M. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage

(DURATION) YRS. MOS. DS.
CONTRIBUTORY (Secondary)

(DURATION) YRS. MOS. DS.
^{18b} WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH?

¹⁹ DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(SIGNED) D. G. Cooper M. D.
Nov 16, 1923 (ADDRESS) Albion N.Y.

*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.

¹⁹ PLACE OF BURIAL, CREMATION OR REMOVAL St. Joseph's Cemetery ²¹ DATE OF BURIAL Nov 19, 1923

²⁰ UNDERTAKER Mc Mall & Mc Mall ADDRESS Albion N.Y.

DATE OF ISSUE Nov 17, 1923