

PLACE OF DEATH

STATE OF MICHIGAN

County of WAYNE

Department of State—Division of Vital Statistics

Township

CERTIFICATE OF DEATH

Registered No. 2608

Village

(No. Receiving Hospital St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of DETROIT

2 FULL NAME Carl Blue(a) Residence No. 5987 Geneva St., WardLength of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed, or Divorced (write the word.) Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of6 DATE OF BIRTH Dec 9-18777 AGE Years Months Days If LESS than 1 day ____ hrs. OR ____ min.
51 8 21

8 OCCUPATION OF DECEASED

(a) Trade, Profession, or Particular kind of work Stockman(b) General nature of industry, business, or establishment in which employed (or employer) Chrysler Motor

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Birtsville, Ohio10 NAME OF FATHER Ernest Blue11 BIRTHPLACE OF FATHER (City or town) (State or country) Birtsville, Ohio12 MAIDEN NAME OF MOTHER Mary M. Good13 BIRTHPLACE OF MOTHER (city or town) (State or country) Birtsville, Ohio14 Informant (Address) 5987 Geneva Ave15 Filed Sept 4 1929 Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year.) Sept 2 192917 I HEREBY CERTIFY That I attended deceased from August 29 1929 to Sept 2 1929 that I last saw him alive on Sept 2 1929 and that death occurred on the date stated above at 8:45 P.M.

The CAUSE OF DEATH* was as follows:

acute pulmonary emphysema
chronic degenerative changes
chronic myocardial degeneration
(duration) yrs. mos. 5 ds.

CONTRIBUTORY

(Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Aspirated
(Signatures) Wanda Hecker M. D.
Sept 3 1929 (Address) Receiving Hosp

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. (See reverse side for further instructions.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial
Woodlawn Sept 5 192920 UNDERTAKER Address
A. C. Crosby Highland Park