

CERTIFICATE OF DEATH

U.S. 100-1000
1950

MINNESOTA DEPARTMENT OF HEALTH
325 West Fourth Street, St. Paul, Minn.

BIRTH No.

1. PLACE OF BIRTH a. County: Alcona Co. To Washtenaw Co. b. City: In Transit	2. STATE a. State: Michigan b. County: Alcona
3. CITY (In cases of corporate limits, give address and name of hospital or institution) Harrisville to Ann Arbor	4. CITY OF DEATH (Name of city or town) Harrisville
5. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital	6. STREET ADDRESS (If rural, give location)

7. NAME OF DECEASED (Type or Print) Hazen Shirley Cuyler	8. DATE OF DEATH (Month) (Day) (Year) February 11, 1950
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9. SEX Male	10. COLOR OF HAIR White	11. MARRIAGE (Married, Widowed, Divorced, Single) Married	12. DATE OF BIRTH Aug. 30, 1898	13. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.) 51	14. CITIZENSHIP OF WHAT COUNTRY U.S.A.
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15. TRADE, OCCUPATION (Give kind of work done during most of working life, even if retired) Amateur Coach	16. NAME OF ORGANIZATION OR SOCIETY Baseball League
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17. FATHER'S NAME George Alonzo Cuyler	18. MOTHER'S MARRIAGE NAME Anna Rosalind Shirley
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19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	20. SOCIAL SECURITY NO. 381-07-5640	21. DECEASED'S SIGNATURE <i>Hazen S. Cuyler</i>
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22. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	23. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute Coronary Thrombosis	Interval Between Onset and Death 2 weeks
	24. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1. Bronchopneumonia 2. Apical rt. cerebral embolism	

25. DATE OF OPERATION	26. MAJOR FINDINGS OF OPERATION	27. AUTOPSY Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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28. ACCIDENT (Specify) SHOULDER HOMICIDE	29. THE PLACE OF INJURY (e.g., in or about home, farm, factory, street, other building, etc.)	30. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE) Harrisville Michigan
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31. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 2-11-50	32. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	33. HOW DID INJURY OCCUR
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I hereby certify that I attended the deceased from **Nov. 2-11-50** and that death occurred on **Feb. 11, 1950**, from the causes and on the date stated above.

34. SIGNATURE <i>Aeneas Constantine, M.D.</i>	35. ADDRESS AENEAS CONSTANTINE, M.D.	36. DATE SIGNED 2-11-1950
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37. BURIAL CREATION, REMOVAL (Specify) Burial	38. DATE Feb. 14, '50	39. NAME OF CEMETERY OR CREMATORIUM (City, village, town, or county) (State) St. Annes Cemetery Harrisville Mich
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40. DATE REC'D BY LOCAL HEALTH DEPARTMENT Feb 13 1950	41. SIGNATURE OF REGISTERING PHYSICIAN <i>H. Russell Steilias</i>	42. SIGNATURE OF PHYSICIAN <i>H. Smith</i>
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