

SOCIAL SECURITY NO.

## CERTIFICATE OF DEATH

State File No.

If veteran, name war

MICHIGAN DEPARTMENT OF HEALTH  
Bureau of Records and StatisticsFULL  
NAME

Martha Stachak (Stock)

Local File No.

301

## PLACE OF DEATH:

County Monroe  
 Township  
 City or village Monroe  
 Name of hospital Mercy  
 (If not in hospital, give street address.)  
 Length of stay: In hospital 9 days. In this community

## USUAL RESIDENCE OF DECEASED:

State Mich. County Monroe  
 Township Bedford  
 City or village Temperance  
 Street no. Box 566 R. # 1, Crabh Rd.  
 Citizen of foreign country?  
 If yes, name country

Sex Female Color or Race white Single, Married, Widowed or Divorced married

## NAME OF HUSBAND or WIFE

Name Ignatius Age, if alive 70  
 Birth date of deceased Aug. 23, 1883, 19  
 Age: Years 59 Months 4 Days 3 If less than one day  
 hrs. min.

Birthplace Poland  
 Usual occupation Housewife  
 Industry or business

Father { Name Peter Jankowski  
 Birthplace Poland  
 Mother { Maiden name Dorothy Wozniacki  
 Birthplace Poland

Informant Ignatius Stachak  
 Address Box 56, R. # 1, Temperance, Mich.  
 (Burial) cremation or removal (Circle the word which applies)  
 Place Erie, Michigan  
 Cemetery St. Joseph's Date Dec. 29, 1942

Funeral director's signature Walter J. Urbanski  
 Address 2907 LaGrance St. Toledo, O.  
 Filed De. 28, 42 Helma Guettler  
 Local Registrar

## MEDICAL CERTIFICATION

Date of death December 26, 1942

I hereby certify that I attended the deceased from Dec. 16  
 19 42 to Dec. 26, 1942. I last saw him alive on  
Dec. 26, 1942 Death is said to have occurred on the  
 date stated above at 6:20 P. M.

Immediate cause of death:

Diabetes mellitus 5 yrs.

Other contributory causes of importance

cerebral hemorrhage 10 dasMajor findings and dates:  
Of operations

Of autopsy

In case of violence, state if accident, homicide or suicide

Date \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city, county, or state)

In industry, home or public place?

Was disease or injury related to occupation of deceased?

Signature L. A. Morley, M. D.  
Erie, Mich.

Address

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
MARGIN RESERVED FOR BINDING