

1. PLACE OF DEATH

County Hillsdale
 City Hillsdale

STATE OF MICHIGAN
 Department of State—Division of Vital Statistics

CERTIFICATE OF DEATH

Registered No. 87

City Hillsdale (No. _____ St. _____ Ward _____)
 (If death occurred in a hospital or institution, give the NAME instead of street and number.)

2. FULL NAME Frederick Edwin Rothlieb(a) Residence, No. Cox Street & Budlong St. 4th

(If non-resident give city or town and state.)
 Length of residence in city or town where death occurred yrs. mos. _____
 Is New born in U. S. if of foreign birth? yrs. mos. _____

PERSONAL AND STATISTICAL PARTICULARS

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

6 a. If married, widowed, or divorced REFRAIN of (or) WIFE of _____

7 DATE OF BIRTH (Month, day and year.) July 13-1910

8 AGE Years Months Days IF LESS than 1 day. hrs. OR min.
10 3 5

9 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed for employer

(c) Name of employer

10 BIRTHPLACE (city or town), Hillsdale (State or country) Mich.11 NAME OF FATHER Leon Rudolph12 BIRTHPLACE OF FATHER (city or town), Allen (State or country) Mich.13 MAIDEN NAME OF MOTHER Mauder Woodruff14 BIRTHPLACE OF MOTHER (city or town), Hillsdale (State or country) Mich.15 Informant J. H. Mises16 Address Hillsdale, Mich.17 Telephone No. 2-1111

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH (Month, day and year) Oct 18 192019 I HEREBY CERTIFY, That I attended deceased from Oct 17 1920 to Oct 18 1920that I last saw living alive on Oct 17 1920that death occurred on the date stated above at 7 P. m.

The CAUSE OF DEATH was as follows:

Accidentally run over and killed by Automobile
Fracture of Skull

(Duration) yrs. 19 mos. 3

20 CONTRIBUTORY (Secondary)

(Duration) yrs. _____ mos. _____

21 Where was disease contracted If not at place of death? _____

Did an operation precede death? _____ Note of _____

Was there an autopsy? NO

What had conditions immediately preceding death?

(Signed) J. H. Mises M. D.Oct 19 1920 Address Hillsdale Mich.

22 State the DISEASE CAUSING DEATH, if it differs from FOREMOST CAUSE, also its SEASONS and SEASONS of OCCURRENCE and (if whether in HOSPITAL, HOME, or INSTITUTION (See reverse side for further instructions.)

23 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Put in Grave Room Oct 21 192024 Name of Undertaker J. H. Mises Address Hillsdale Mich.