

PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County Genesee

Township Flint

Village or City

(No. St. Ward)

CERTIFICATE OF DEATH

SEP 7 Registered No. 9

[If death occurred in a hospital or institution, give its name instead of street and number.]

FULL NAME Betsy Ann Baker

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
DATE OF BIRTH Oct. 17, 1844

DATE OF DEATH Aug. 4th 1910
HEREBY CERTIFY, That I attended deceased from Aug 3, 1910, to Aug 4, 1910, that I last saw her alive on Aug 3, 1910, and that death occurred, on the date stated above, at 11 m.

AGE 65 yrs. 9 mos. 17 ds. OR If LESS than 1 day, hrs. OR min.

The CAUSE OF DEATH* was as follows:
Paralysis 66

OCCUPATION (a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) "

(Duration) yrs. mos. ds.
Contributory (SECONDARY) (Duration) ds. mos. ds.
(Signed) Geo. W. Steady M. D.
(Address) 101

BIRTHPLACE (State or country) Michigan

NAME OF FATHER Wm Allen

BIRTHPLACE OF FATHER (State or country) Conn

MAIDEN NAME OF MOTHER Ruth Pennington

BIRTHPLACE OF MOTHER (State or country) Conn

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) George Baker
(Address) Flint Mich

*State the DISEASE CAUSING DEATH, or if death from VIOLENT CAUSE, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

FILED Aug 7, 1910 Genesee Flint

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAVELERS, OR VISITING RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

PLACE OF BURIAL OR REMOVAL Bristol Cemetery DATE OF BURIAL Aug 7, 1910
UNDERTAKER W. H. Jones

Filed Aug 29 - 1910 - J. A. Herrick