

PLACE OF DEATH
County of Grand Traverse

STATE OF MICHIGAN
Department of State - Division of Vital Statistics

847

Township of

Village of

City of Traverse City

(No. North. Mich. Ave. St.; Ward)

CERTIFICATE OF DEATH 1909

Registered No.

FULL NAME Hannah Bridinger

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH (Month) (Day) (Year)
1838

AGE 77 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Wid

AGE AT MARRIAGE, NUMBER OF CHILDREN
{ If married, age at (first) marriage years
Parent of children, of whom are living

BIRTHPLACE (State or country) Germany

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION Farmers wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) A. B. ...

(Address) Traverse City

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
Oct 12 1909

I HEREBY CERTIFY, That I attended deceased from Jan 16, 1908, to Oct 12, 1909, that I last saw her alive on Oct 12, 1909, and that death occurred, on the date stated above, at 9:15 P. M.
The CAUSE OF DEATH was as follows:

106
Catarrhal Enteritis
(Duration) 3 days

Contributory

(Signed) A. B. ... M. D.

Oct 12 1909 (Address) Traverse City

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Secret Residents:
Former or usual residence How long at place of death? Days

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

PLACE OF BURIAL OR REMOVAL Stanton Mich DATE OF BURIAL 10-14 1909

UNDERTAKER Will H Anderson ADDRESS Traverse City

Filed Oct 14 1909 P. N. Ellis Registrar