

PLACE OF DEATH

STATE OF MICHIGAN

Department of State--Division of Vital Statistics

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County *Chippewagon*
Township *Lehigh*
Village of
City (No. St. Ward)

CERTIFICATE OF DEATH

Registered No. *1*

(If death occurred in a hospital or institution, give its NAME, number of street and number.)

FULL NAME *Mary Snowdon*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX *Female* COLOR OR RACE *White* HAIR *Dark*
 DATE OF BIRTH *Nov 7 1839*
 AGE *87 yrs*
 OCCUPATION *None*
 BIRTHPLACE (State or Country) *Pa*
 NAME OF FATHER *Andrew Hunt*
 BIRTHPLACE OF FATHER (State or Country) *unknown*
 MARRIED NAME OF MOTHER *Clarina Whipple*
 BIRTHPLACE OF MOTHER (State or Country) *unknown*

DATE OF DEATH *Dec 1 1916*
 I HEREBY CERTIFY, That I attended deceased from *Jan 1 1916* to *Dec 1 1916*, that I last saw her alive on *Nov 20 1916*, and that death occurred, on the date stated above, at *6 P.M.* The CAUSE OF DEATH* was as follows:
Paralysis

Contributory *Senility*
 Address *1916*

"THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE"
 Signature *A. L. Snowdon*
 Address *Bay Lake*
 Date *Dec 4 1916*
 Registrar *C. Stoyers*

LENGTH OF RESIDENCE (From hospitals, institutions, transient or recent residents)
 PLACE OF BURIAL OR REMOVAL *Classical*
 DATE OF BURIAL *Dec 7 1916*
 UNDERTAKER *A. J. Gunnison*