

1 PLACE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

59 1967

County *Montcalm*Township *Bushnell*

CERTIFICATE OF DEATH

Register No. *3*

Village

City

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)FULL NAME *Mrs. Edna Bridinger*Residence No. _____ St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4 Color or Race *White* 5 Single, Married, Widowed or Divorced (Write the word) *Married*If married, widowed or divorced HUSBAND of (or) WIFE of *Geo. Bridinger*DATE OF BIRTH (Month, day and year) *Apr 24, 1875*AGE Years Months Days If LESS than 1 day hrs. OR min.
51 11 20

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work *Housewife*

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

(c) Name of employer.

BIRTHPLACE (city or town) (state or country) *Ohio*10 NAME OF FATHER *Joseph Laughlin*11 BIRTHPLACE OF FATHER (city or town) (state or country) *Ohio*12 MAIDEN NAME OF MOTHER *Gospy Kesler*13 BIRTHPLACE OF MOTHER (city or town) (state or country) *Ohio*14 Informant *Geo. Bridinger*(Address) *Sheridan, Mich*15 Filled *April 23, 1927* *Cora Sherd* Registrar.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (Month, day and year) *Apr 14 1927*17 I HEREBY CERTIFY, That I attended deceased from *Feb. 2, 1927*, to *Apr. 14, 1927*, that I last saw him alive on *April 12, 1927* and that death occurred on the date stated above at *8 A.M.* The CAUSE OF DEATH* was as follows:*Gaiter and its resulting sequenced.*(duration) *10* yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? _____

Did an operation precede death? *No* Date of _____Was there an autopsy? *No*

What test confirmed diagnosis? _____

(Signed) *J. A. Hargrave* M. D.
19 Address *Palo, Mich*

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for further instructions.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Sheridan Center Date of Burial *Apr 17 1927*20 UNDERTAKER *A. D. Stahlins* *Sheridan*