

PLACE OF DEATH
County of Grand Traverse

STATE OF MICHIGAN
Department of State - Division of Vital Statistics

847

Township of

CERTIFICATE OF DEATH

1909

Village of

City of Traverse City

(No. North. Mich. Ayclum St.;

Ward)

Registered No.

[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.]

FULL NAME Hannah Bridinger

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH (Month) (Day) (Year)
1832

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 wid

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

(Informant) A. B. Rowley

(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 9:00 P. M. The CAUSE OF DEATH was as follows:

106
Catarhal Enteritis

(DURATION) 2 to 10 DAYS

Contributory .. (DURATION) .. DAYS

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

Oct. 2, 1909. (Address) Traverse City

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent 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