

## PLACE OF DEATH

County

*DuPon*

Township

OR

Village

OR

City

*Lansing*(No. *221*)STATE OF MICHIGAN  
Department of State--Division of Vital Statistics

## CERTIFICATE OF DEATH

Registered No. *264*St.; *51* Ward

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

FULL NAME *Cynthia F. Ward*

## PERSONAL AND STATISTICAL PARTICULARS

1 SEX *Female*

2 COLOR OR RACE *white*

3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Defunct*

4 DATE OF BIRTH *July 16*, 1912  
(Month) (Day) (Year)

7 AGE *23*  
If LESS than 1 day, hrs. or min.?

## 5 OCCUPATION

(a) Trade, profession or particular kind of work

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

*Defunct*

## 6 BIRTHPLACE (State &amp; country)

*Lansing*

## 10 NAME OF FATHER

*Frank Ward*

## 11 BIRTHPLACE OF FATHER (State or country)

*Mich*

## 12 MAIDEN NAME OF MOTHER

*Cynthia Blakely*

## 13 BIRTHPLACE OF MOTHER (State or country)

*Mich.*

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

*Frank Ward*

(Address)

*Lansing*

15

Filed *Aug 10*, 1912*Peter J. Gray*

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

*Aug 9*, 1912  
(month) (Day) (Year)

## 17 I HEREBY CERTIFY, That I attended deceased from

*Aug 7*, 1912, to *Aug 9*, 1912,that I last saw him alive on *Aug 8*, 1912,and that death occurred, on the date stated above, at *4 a.m.*

The CAUSE OF DEATH\* was as follows:

*Cholera Infantum**104* (Duration) yrs. mos. ds.

## Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

*Frank J. Hulse*, M. D.*Lansing*, 1912 (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT 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

## 19 PLACE OF BURIAL OR REMOVAL

*Put Hole*

## DATE OF BURIAL

*Aug 10*, 1912

## 20 UNDERTAKER

*W. H. Joy*

## ADDRESS

*Lansing*