

PLACE OF DEATH

STATE OF MICHIGAN

148

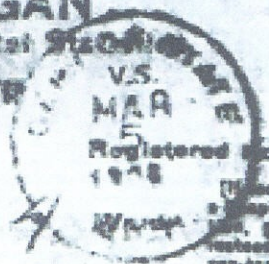
County of *Grand Haven* Department of State—Division of Vital Statistics

Township of

Village of

City of *Traverse* No. *218. E. 9th* St. *4*

CERTIFICATE OF DEATH

FULL NAME *Lucy Franklin*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX *Female* COLOR *White*

DATE OF DEATH

2 MONTH 22 DAY 1903

SINGLE, MARRIED, WIDOWED OR DIVORCED

Widowed

I HEREBY CERTIFY, That I attended deceased from

*Feb. 19 1903 to Feb. 22 1903*that I last saw her alive on *Feb. 21 1903*

and that death occurred, on the date stated above,

7:00 A. M. The CAUSE OF DEATH was as follows*Cardiac Arteriosclerosis*

DATE OF BIRTH

3 MONTH 29 DAY 1817 YEAR

AGE

85 years, *11* months, *5* days

OCCUPATION

Housewife

BIRTHPLACE

New York

NAME OF FATHER

Gurdon Woyes

BIRTHPLACE OF FATHER

N.Y.

MAIDEN NAME OF MOTHER

Elicia Gleason

BIRTHPLACE OF MOTHER

Unknown

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

(Informant)

Clara Lardie

(Address)

*Traverse City**about four days* DURATION

Contributory

Signed

J. S. Martin M. Address *Traverse City*

SPECIAL INFORMATION: only for Hospitals, Institutions, Transients or Recent Residents:

Farmer or usual residence

How long at place of death?

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

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

*Mapleton**2-24 1903*

UNDERTAKER

ADDRESS

Clara S. A. Williams *Traverse City*

Filed

Feb. 22 1903 *Geo. M. Bell* Registrar