

PLACE OF DEATH

County of Jackson

Township of

Village of

City of JacksonSTATE OF MICHIGAN
Department of State - Division of Vital Statistics

CERTIFICATE OF DEATH

(No. 126, 11 Mechanic St.; 1 Ward)

FULL NAME

Lange Gray

(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.)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR WhiteDATE OF BIRTH (Month) July (Day) 14 (Year) 1860AGE 45 years, 5 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Single

AGE AT MARRIAGE, NUMBER OF CHILDREN

If married, age at (first) marriage — years
Parent of — children, of whom — are living

BIRTHPLACE (State or country)

Michigan

NAME OF FATHER

Michael Gray

BIRTHPLACE OF FATHER (State or country)

Ireland

RESIDEN NAME OF MOTHER

Margaret Lamson

BIRTHPLACE OF MOTHER (State or country)

Ireland

OCCUPATION

Salvorkuper

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

Informant

(Address) Jackson

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month) July(Day) 25th(Year) 1905I HEREBY CERTIFY, That ~~deceased~~ deceased~~that I last saw him~~ that death occurred, on the date stated above, at 3:45 M.

The CAUSE OF DEATH was as follows:

Heart Disease

Contributory

(Signed) Dr. L. Evans honorerJuly 29 1905 (Address) Jackson Michigan

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Cases of Sudden Death:

Where or usual residence — How long at place of death? — DaysWhere was disease contracted, if not at place of death? —

PLACE OF BURIAL OR REMOVAL

St. John

DATE OF BURIAL

July 29th 1905

UNDERTAKER

W. H. Witherby

ADDRESS

Jackson

Filed

190

Registrar