

PLACE OF DEATH
County of *Calhoun*
Township of
Village of
City of *Marshall*

STATE OF MICHIGAN
Department of State—Division of Vital Statistics
762
CERTIFICATE OF DEATH



Registered No. *47*
Ward: (If death occurred in a hospital or institution, give its name instead of ward and number.)

FULL NAME *Agnes King*

PERSONAL AND STATISTICAL PARTICULARS
SEX *Female* COLOR *White*

SINGLE, MARRIED, WIDOWED OR DIVORCED *Single*
AGE AT MARRIAGE
NUMBER OF CHILDREN (If born up to (last) marriage)

DATE OF BIRTH *Jan 7 1831*

AGE *71 years, 8 months, 12 days*

OCCUPATION

BIRTHPLACE *N.Y.*

NAME OF FATHER *Jacob King*

BIRTHPLACE OF FATHER *N.Y.*

MAIDEN NAME OF MOTHER *Elizabeth Snyder*

BIRTHPLACE OF MOTHER *N.Y.*

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF
(Informant) *J. Snyder*
(Address) *Marshall*

MEDICAL CERTIFICATE OF DEATH
DATE OF DEATH *Sept 19 1902*

I HEREBY CERTIFY, That I attended deceased from *Sept. 11th* 1902 to *Sept 19* 1902, that I last saw her alive on *11* 1902, and that death occurred, on the date stated above, at *M.* The CAUSE OF DEATH was as follows:

Palsy
Contributory
(Signed) *C. Marshall* M.D.
190 (Address) *Marshall Mich.*

SPECIAL INSTRUCTIONS only for Hospitals, Institutions, Transients or Special Occasions:
Former or usual residence
Where was disease contracted or set at place of death?

PLACE OF BURIAL OR CREMATION *Marshall Township Sept 23 1902*
UNDEBTAKEN
ADDRESS *Frank Snyder Marshall*
DATE *Sept 22 1902*
REGISTER