

PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County Oakland

CERTIFICATE OF DEATH

Township or Village of Oxford

Registered No. 13

City (No. _____ St: _____ Ward) _____

FULL NAME Lora E. Tripp

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

JUN 5 1917

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

DATE OF DEATH May 23, 1917

DATE OF BIRTH June 18, 1857

I HEREBY CERTIFY, That I attended deceased from May 14th, 1917, to May 23, 1917, that I last saw him alive on May 23rd, 1917,

AGE 59 yrs. 11 mos. 4 ds.

and that death occurred, on the date stated above, at 8:30 P.M.

OCCUPATION Engineer

The CAUSE OF DEATH* was as follows: Angina pectoris
80

BIRTHPLACE Illinois

Contributory Arterio-sclerosis

NAME OF FATHER James Tripp

(Signed) W. M. Martin M.D.
May 26, 1917 (Address) Oxford, Mich

BIRTHPLACE OF FATHER Penn

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

MAIDEN NAME OF MOTHER Lydia Mulvaney

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

BIRTHPLACE OF MOTHER Penn

Where was disease contracted? _____
If not at place of death? _____
Former or usual residence _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Arthur F. Tripp

PLACE OF BURIAL OR REMOVAL Oxford Cemetery DATE OF BURIAL May 26, 1917

(Address) 1912 Francis St. Flint

UNDERTAKER W. Whitcomb ADDRESS Oxford, Mich

Filed May 26, 1917 T. G. Long REGISTRAR

I hereby certify that the above is a true and correct reproduction of the certificate on file in the Michigan Department of Community Health, Lansing, Michigan.

CERTIFIED BY:

Glenn Copeland

Glenn Copeland
State Registrar

MAR 26 2004