

PLACE OF DEATH

County of Jackson
 Township of

 STATE OF MICHIGAN
 Department of State - Division of Vital Statistics

CERTIFICATE OF DEATH



Village of

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

Registered No. 252
 (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.)

FULL NAME Lance Tray

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male			COLOR	White		
DATE OF BIRTH	(Month)	(Day)	(Year)				
	July	14	1860				
AGE	45 years, 5 months, 14 days						
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single						
AGE AT MARRIAGE, NUMBER OF CHILDREN	(If married, age at (1st) marriage years Parent of children, of whom are living						
BIRTHPLACE (State or country)	Michigan						
NAME OF FATHER	Michael Tray						
BIRTHPLACE OF FATHER (State or country)	Ireland						
RESIDEN NAME OF MOTHER	Margaret Lemmon						
BIRTHPLACE OF MOTHER (State or country)	Ireland						
OCCUPATION	Saloonkeeper						

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month)	(Day)	(Year)
	July	25th	1905

I HEREBY CERTIFY, That ~~deceased~~ ~~from~~
 that I last saw him ~~live on~~
 and that death occurred, on the date stated above, at 3:15 M.

The CAUSE OF DEATH was as follows:
Heart Disease

Contributory
 (Signed) Dr. L. Evans honorer
July 29 1905 (Address) Jackson Michigan

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Coronal Deaths:
 Former or usual residence How long at place of death? Days
 Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
<u>St. John</u>	<u>July 30th</u> 1905
UNDERTAKER	ADDRESS
<u>Trifield</u>	<u>Jackson</u>

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

Informant Trifield
 (Address) Jackson

Filed 1905 Registrar