

Certified Record of Death

State of Michigan, }
COUNTY OF DICKINSON, } ss.

1. Date of Death.....December 12, 1945.....
2. Full Name of Deceased.....Mrs. Marie Caroline Erickson.....
3. Male or Female.....Female.....
4. Color.....White.....
5. Marital Status.....Widow.....
6. Age.....91 yrs, 0 mths, 9 days.....
7. Place of Death.....Iron Mountain, Michigan.....
8. Disease or Cause of Death.....Arteriosclerosis.....
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9. Birthplace.....Orebro, Sweden.....
10. Occupation.....Housewife.....
11. Name of Father.....- Anderson.....
12. Name of Mother.....Unknown.....
13. Date of Record.....January 7, 1946.....

I, Frank D. Borla, Clerk of the County of Dickinson, and of the Circuit Court thereof, the same being a Court of Record having a Seal, do hereby certify that the foregoing is a copy of the Record of Death of.....Mrs. Marie Caroline Erickson.....now remaining in my office, and of the whole thereof.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Circuit Court, this.....30th..... day of.....September.....A. D., 1954.....

.....*Frank D. Borla*.....Clerk
FRANK D. BORLA

By.....Deputy Clerk