## OLD PIONEER WORNER

## MRS. ORPHA GAGE DIES AT HOME OF DAUGHTER EARLY TODAY.

Mrs. Orphy A. Cingo, mather of Mrs. Edward Kneul, pussed nway this morning at 1145 alclock after an extended illness. She was 83 years old.

Mrs. Cage Was born at Yatos, New York, April 16, 1842, and was married to Mr. Gage December 20, 1868, at her home city. Mr. and Mrs. Cage came to Petoskey 40 years ago and located on a farm east of the city. Mr. Cage passed away twenty-six years ago last November.

Mrs. Gago was a member of the First Methodist church of this city.

Surviving are two children, a son, Adin, of Tensed, Idaho, and the daughter, Mrs. Edward Kneal, of Petoskey. Four sisters and two brothers also survive. They are Mrs. Nora Eastman, Los Angeles; Mrs. George Wallace, Lindenville, New York; Mrs. Emma Pierce and Mrs. Arthur Lewis, Middleport, New York; Edward Coon and George Coon, of Lindenville, New York.

Arrangements for the funeral, are being made today.

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The funeral of the late Mrs. Gage, mother of Mrs. Edward Kneal, will be held Monday afternoon at 2:80 from the Kneal home. Rev. Clark S. Wheeler and Rev. J. S. Weeks will conduct the services.

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MICHIGAN DEPARTMENT OF HEALTH Division of Vital Statistics CERTIFICATE OF DEATH Village.... Begister No. (No. St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number) a) Residence No.....(Usual place of abode) ence in city or town where death occurred / Orrs How long in U. S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 15 DATE OF DEATH 3 SEX Single, Married, Widowed or (Month, day and year) Sa If married, widowed HUSBAND of (or) WIFE of that death occurred on the date stated above at 240 6 DATE OF BIRTH (Month, day and year) The CAUSE OF DEATH' was as follows: 7 AGE Years Months 1 day .... hrs. OR . . . min 8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work .....(duration)....yrs..... mos..... (b) General nature of industry, business, or establishment in CONTRIBUTORY..... (Secondary) which employed (or employer) ...(duration).....yrs......mos......ds. (e) Name of employer 18 Where was disease contracted BIRTHPLACE (city by If not at place of death? ..... Did an operation precede deathy . . 10 NAME OF PATHER Was there an autopsy?...... 11 BIRTHPLACE What test confirmed diagnosis OF FATHER (city or town (state or country) 12 MAIDEN NAME 16 . 1927 Address \*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Ac-cidental. Suicidal, or Homicidal. (See reverse side for further instructions.) 13 BIRTHPLACE OF MOTHER (city or town) (state or country) PLACE OF BURIAL, CREMATION. Date of Burial osker.