

1. PLACE OF DEATH

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

116 37

CERTIFICATE OF DEATH

Registered No. 43

County Chelygan
Township _____
Village _____

City Chelygan (No. _____ St. _____ Ward _____)
FULL NAME Lucia Matilla Delamar (If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 403 1/2 State St., Ward _____
(Usual place of abode.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and state.)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (WRITE the word.)		
Female	White	Married		
If married, widowed, or divorced HUSBAND of (or) WIFE of _____				
DATE OF BIRTH (Month, day and year) <u>Nov 9 1863</u>				
AGE	Years	Months	Days	If LESS than 1 day, hrs. OR min.
	57	5	24	

OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ohio

10 NAME OF FATHER George Bridgins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn

12 MAIDEN NAME OF MOTHER Kathleen Richard

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Penn

Informant Arthur Delamar
(Address) Chelygan Mich

Filed May 3 1921 L. E. Berry Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) May 3, 1921

17 I HEREBY CERTIFY, That I attended deceased from Oct, 7, 1920, to May 3, 1921 that I last saw her alive on April 28, 1921 and that death occurred on the date stated above at 6:30 a.m.

The CAUSE OF DEATH* was as follows:
Tuber dorsalis
(duration) 1 1/2 yrs. mos. ds.

CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. mos. ds.

18 Where was disease contracted _____ If not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) Frederick C. Mayne, M. D. May 3, 1921, Address Chelygan Mich.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL _____ Date of Burial May 5 1921

20. UNDERTAKER John Reid Address Chelygan Mich

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

Albert E. Heustis M. D.

Albert E. Heustis, M. D.
State Health Commissioner