

## PLACE OF DEATH

County of Cherboygan  
 Township of Benton  
 or  
 Village of .....

STATE OF MICHIGAN  
 Department of State—Division of Vital Statistics

CERTIFICATE OF DEATH  
 OCT 6 - 1910

Registered No. 15

[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 Esther M. Selamartes (No. ...., St.; .... Ward)

## PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR <u>White</u>
DATE OF BIRTH (Month) <u>Sept</u> (Day) <u>25</u> (Year) <u>1831</u>	
AGE <u>79</u> years, <u>11</u> months, <u>5</u> days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widow</u>	
AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage <u>25</u> years Parent of <u>3</u> children, of whom <u>3</u> are living	
BIRTHPLACE (State or country) <u>New York State</u>	
NAME OF FATHER <u>Con. Selamartes</u>	
BIRTHPLACE OF FATHER (State or country) <u>New York State</u>	
MAIDEN NAME OF MOTHER <u>no known</u>	
BIRTHPLACE OF MOTHER (State or country) <u>New York State</u>	
OCCUPATION <u>House Keeper</u>	
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF	
(Informant) <u>A. M. Gress</u>	
(Address) <u>Cherboygan</u>	

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) <u>Sept.</u> (Day) <u>30</u> (Year) <u>1910</u>
I HEREBY CERTIFY, That I attended deceased from <u>Sept 28</u> , 19 <u>10</u> , to <u>date</u> , 19 <u>10</u> , that I last saw her alive on <u>Sept 28</u> , 19 <u>10</u> , and that death occurred, on the date stated above, at <u>6 A</u> M.
The CAUSE OF DEATH was as follows: <u>Senility</u> <u>154</u> (DURATION) ..... DAYS
Contributory <u>Paralysis</u> (DURATION) ..... DAYS
(Signed) <u>W. F. Reed</u> M. B. <u>9-30-1910</u> (Address) <u>Cherboygan</u>
SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents: 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 <u>Live Hill Cem.</u> DATE OF BURIAL <u>Oct 2</u> 19 <u>10</u>
UNDERTAKER <u>John Reid</u> ADDRESS <u>Cherboygan</u>
Filed <u>Oct 1st</u> 19 <u>10</u> <u>Isaiah Bouture</u> Registrar

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.

SEP 4 1957

Albert E. Heustis M. D.

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