

1. PLACE OF DEATH

County Cheboygan

Township _____

Village _____

City Cheboygan

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

CERTIFICATE OF DEATH

State Office No.

116 966

Register No. 472 FULL NAME George D. Delamarter(a) Residence No. 228 Bals

(Usual place of abode)

St., Ward 4

(If non-resident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. 6 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (WRITE the word) Widowed5a If married, widowed or divorced HUSBAND of (or) WIFE of Anna M. Delamarter6 DATE OF BIRTH (Month, day and year) July 1 - 18837 AGE Years 80 Months 10 Days 20 If LESS than 1 day ____ hrs. OR ____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No10. Date deceased last worked at this occupation (month and year) About 3 yrs 11. Total time (years) spent in this occupation Life12. BIRTHPLACE (city or town) Pennsylvania (State or country)13. NAME Jacob Delamarter14. BIRTHPLACE (city or town) Unknown (State or country)15. MAIDEN NAME Estie Delamarter16. BIRTHPLACE (city or town) Unknown (State or country)17. INFORMANT Elmer Delamarter (Address) Cheboygan18. BURIAL, CREMATION, OR REMOVAL Place First Hill Cym. Date May 24, 193419. UNDERTAKER P. J. Ketter (Address) Cheboygan20. FILED May 23, 1934 W. Malenfant Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 21, 193422. I HEREBY CERTIFY, That I attended deceased from February 22, 1934, to May 21, 1934I last saw h. alive on _____, 19____; death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Disease. Duration 3 months

Other contributory causes of importance:

If operation, date of _____

Condition for which performed _____

Organ or part affected _____

Was there laboratory test? _____ Autopsy? _____

In case of violence state if accident, homicide or suicide _____

Where did injury occur? _____ (Specify city, county or state)

In industry, home or public place? _____

Was disease or injury related to occupation of deceased? No.Signed H. C. Wayne M. D.Address Cheboygan Mich.