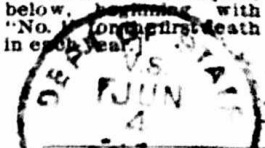


Place of death { County *Wayne*  
 { Township *Baginaw*  
 { Village .....  
 { City .....

MICHIGAN  
 DEPARTMENT OF STATE  
 LANSING  
 VITAL STATISTICS DIVISION.  
 CERTIFICATE AND RECORD OF DEATH.

[The Registrar should number each certificate received at once, in space below, beginning with "No. 1" for the first death in each year.]

508 REGISTERED



Full Name *Purl Gladys Delmarter*

Date of Death *May 16* 190*3*

MONTH DAY YEAR

Single, married, widowed or divorced .....

Sex *Female* Color *White*

{ If married, age at (first) marriage ..... years.  
 { Parent of ..... children of whom ..... are living.

YEARS.	MONTHS.	DAYS.
1	10	6
YEAR OF BIRTH.	MONTH.	DAY.
1901	July	11

Occupation .....

{ Name of father *Bird Delmarter* Birthplace of father (State or country) *New York*  
 { Maiden name of mother *Minnie Deroshia* Birthplace of mother (State or country) *Chelbysgar*

Certificate of Reporter  
 The personal and family particulars herein given relative to deceased are true to the best of my knowledge and belief.

{ Date of burial or removal *May 18* 190*3* { Place of burial or removal *Pine Hill Cemetery*  
 { Signature of undertaker *J. C. St. Jean* { Address of undertaker *Chelbysgar* (Address) *Chelbysgar*

Medical Certificate of Cause of Death.

I hereby certify that I attended deceased from *May 16* 190*3* to *May 16* 190*3*  
 that I last saw him alive on *May 16* 190*3* that he died on *May 16* 190*3*  
 about *5:30* o'clock *P.* M. and that to the best of my knowledge and belief the CAUSE OF DEATH was as hereunder written:

DISEASE CAUSING DEATH *Poisoning by Ess. Wintergreen*  
 Immediate cause of death *Convulsions*

Contributory causes or complications, if any \* .....  
 Post-mortem ..... { Place where DISEASE CAUSING DEATH was contracted, if other than place of death. }

\*Physicians are requested to note the "Suggestions to Physicians Relative to Statement of Causes of Death" on the back of this certificate.  
 In Violent Deaths, a different form of statement is necessary, as follows:  
 (1) Mode of injury and whether accidental, suicidal or homicidal;  
 (2) Nature of injury (immediate cause of death);  
 (3) Contributory causes.

Witness my hand this *16* day of *May* 190*3*  
 { Signature of physician, health officer or coroner } *H. Amour*  
 (Address) .....