

PLACE OF DEATH
County Charlygan
Township _____

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

116 109

CERTIFICATE OF DEATH

Registered No. 114

Village _____
City Charlygan

(No. _____ St. _____ Ward _____
of death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Melton R Delamarter

a) Residence No. Maethian St. Ward 3rd
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. d. How long in U. S., if of foreign birth yrs. mos. d.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (Month, day and year) Jan 12th 1904

7 AGE Years Months Days If LESS than 1 day hrs. OR min.
18 3 14

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

9 BIRTHPLACE (city or town) (state or country) Mich

10 NAME OF FATHER Bird Delamarter

11 BIRTHPLACE OF FATHER (city or town) (state or country) N. Y. State

12 MAIDEN NAME OF MOTHER Minnie Denosia

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

14 Informant Mrs Minnie Delamarter
(Address) Charlygan Mich

15 Filed Mar 29 1922 Registrar [Signature]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Mar 26 1922

17 I HEREBY CERTIFY, That I attended deceased from March 13 1922 to March 26 1922 that I last saw him alive on Mar 26 1922 and that death occurred on the date stated above at 3 P. m.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

CONTRIBUTORY (Secondary) Influenza
(duration) yrs. mos. 15 ds.
(duration) yrs. mos. 6 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? Phys. Exam
(Signed) Charles B. Tweedall M. D.
Mar 27 1922 Address Charlygan

*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 Pier Hill Cemetery Date of Burial Mar 27 1922

20 UNDERTAKER John Reid Address Charlygan Mich