

## 1. PLACE OF DEATH

## MICHIGAN DEPARTMENT OF HEALTH

Bureau of Records and Statistics

State Office No.

239 2805

County Kalamazoo

Township \_\_\_\_\_

Village RESIDENTCity Kalamazoo(No. Kalamazoo State Hospital Ward)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)Register No. 1512. FULL NAME Martha Delamarter(a) Residence No. LansingSt., Ward Ingham County

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. 18 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

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed or Divorced (WRITE the word)

Married

5a. If married, widowed or divorced

HUSBAND OF  
(or) WIFE ofArthur Delamarter6. DATE OF BIRTH (Month, day and year) Feb. 21, 1896

7. AGE

Years

Months

Days

IF LESS than  
1 day \_\_\_\_\_ hrs.  
OR \_\_\_\_\_ min.4161

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTH PLACE (city or town) Jamestown  
(State or country) Ohio

MOTHER

13. NAME James Wesley Stone14. BIRTHPLACE (city or town) West Virginia  
(State or country)15. MAIDEN NAME Sulia Mooney16. BIRTHPLACE (city or town) West Virginia  
(State or country)17. INFORMANT Carl Ross  
(Address) St. State Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Lansing Date Aug 24, 193719. UNDERTAKER Best E. Nettle  
(Address) Lansing Mich20. FILED Aug 27, 1937 J. A. Moore  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; death is said to have occurred on the date stated above, at 9:30 P. M.

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

Suicide by hanging hurry Duration

Other contributory causes of importance:

If operation, date of \_\_\_\_\_

Condition for which performed \_\_\_\_\_

Organ or part affected \_\_\_\_\_

Was there laboratory test? \_\_\_\_\_ Autopsy? No

In case of violence state if accident, homicide or suicide

SuicideWhere did injury occur? Kalamazoo  
(Specify city, county or state)In industry, home or public place? State Hospital

Was disease or injury related to occupation of deceased? \_\_\_\_\_

Signed Dr. Ralph G. Cook coronerAddress Kalamazoo Mich