

1. PLACE OF DEATH

County Grand Traverse
Township Garfield

MICHIGAN DEPARTMENT OF HEALTH

Bureau of Records and Statistics

CERTIFICATE OF DEATH

State Office No.

228 2029

Register No. 16

RESIDENT

City Traverse City, Mich. (No. T.C. State Hospital St. Delta Ward C)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Margaret Reimer

(a) Residence No. Rock, Michigan St., Ward Delta C
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 5 yrs. 9 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Harvey Reimer
(or) WIFE of

6. DATE OF BIRTH (Month, day and year) 4-5-1905

7. AGE Years Months Days IF LESS than 1 day hrs. OR min.
32 11 7

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. home

10. Date deceased last worked at this occupation (month and year) unk 11. Total time (years) spent in this occupation unk

12. BIRTH PLACE (city or town) Michigan
(State or country)

13. NAME Frank Ward

14. BIRTHPLACE (city or town) Michigan
(State or country)

15. MAIDEN NAME Cynthia Irina B lake

16. BIRTHPLACE (city or town) Michigan
(State or country)

17. INFORMANT Hosp. Records
(Address) Traverse City, Mich.

18. BURIAL, CREMATION, OR REMOVAL
Place Rest Texas, Mich. Date 2-15-38

19. UNDERTAKER Weaver
(Address) Traverse City, Mich.

20. FILED 2-13-38
[Signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 12, 1938

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 7:45 A.M.

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

Mitral Stenosis

Other contributory causes of importance:

Toxic Thyroid

If operation, date of _____

Condition for which performed _____

Was or part affected _____

Was there laboratory test? no Autopsy? no

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. B. Hyselka M. D.

Address Traverse City Coroner
Mich.