

PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County

Township

Village

City

TRANSCRIPT OF CERTIFICATE OF DEATH

Registered No. 2603

FULL NAME

Detroit 34 Gummunda 2 West
James L. Carleton

If any street or number, give in full (not of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX *M* COLOR OR RACE *W* SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Married*

DATE OF BIRTH *Aug 20*, 1848
(Month) (Day) (Year)

AGE *61* yrs. *8* mos. *5* da. *5* hr. *5* min.
If LESS than 1 day, hr. or min.

OCCUPATION (a) Trade, profession or particular kind of work *Broker*
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) *Clinton Conn*

NAME OF FATHER *James Carleton*

BIRTHPLACE OF FATHER (State or country) *Conn*

MAIDEN NAME OF MOTHER *Augusta*

BIRTHPLACE OF MOTHER (State or country) *New York*

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Mrs J. L. Carleton*

(Address) *Detroit, Mich*

FILED *4/26*, 1910

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH *4/25*, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from *4/23*, 1910, to *4/25*, 1910, that I last saw him alive on *4/25*, 1910, and that death occurred, on the date stated above, at *4 p.m.*
The CAUSE OF DEATH* was as follows:

pneumonia
tobacco

(Duration) *92* mos. &

Contributory (SECONDARY)

(Duration), yrs. mos. &

(Signed) *J. K. Bailey*, M. D.
(Address) *Detroit*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TREATMENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. & In the State yrs. mos. &

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL *Elmwood* DATE OF BURIAL *4/27*, 1910

UNDERTAKER *Wm R. Hamilton* ADDRESS