

Health Department Death Registers

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Aitkin County

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ate	DATE OF DEATH	FULL NAME OF DECEASED	Sex	Color	Single, Married or	T V	AGE	PLACE OF BIRTH	DISEASE OR CAUSE OF DEATH	OCCUPATION	FULL NAME	S OF PARENTS Mother	BIRTHPLACE OF PARENTS Father Mother	NAME AND ADDRESS OF ATTENDING PHYSICIAN
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REGISTER OF DEATHS IN THE STATE OF MINNESOTA.

NAME AND ADDRESS OF FULL NAME OF DECEASED

Sex

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Single, Married or Widowed Years Mos.

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REGISTER OF DEATHS IN THE STATE OF MINNESOTA.

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