



[Princeton \(Minn. : Township\).
Birth and Death Certificates.](#)

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MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PLACE OF DEATH
County of Miller
Township of _____
or _____
Village of Princeton
or _____
City of _____

STATE OF MINNESOTA

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 8

FULL NAME Jonas R. Hill

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give 'Special Information' below.]

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR <u>White</u>
DATE OF BIRTH (Month) <u>June</u> (Day) <u>24</u> (Year) <u>1907</u>	
AGE <u>76</u> years, <u>5</u> months, <u>20</u> days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>	
AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage <u>36</u> years Parent of <u>1</u> children, of whom <u>1</u> are living	
BIRTHPLACE (State or country) <u>New Brunswick</u>	
NAME OF FATHER <u>Stephen Hill</u>	
BIRTHPLACE OF FATHER (State or country) <u>Unknown</u>	
MAIDEN NAME OF MOTHER <u>Unknown</u>	
BIRTHPLACE OF MOTHER (State or country) <u>Unknown</u>	
OCCUPATION <u>None—Unable to work</u>	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Rachel E. Hill
(Address) Princeton, Minn.
(OVER)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) <u>June</u> (Day) <u>24</u> (Year) <u>1907</u>
--

I HEREBY CERTIFY, That I attended deceased from June 17th, 1907, to June 24th, 1907, that I last saw him alive on June 19th, 1907, and that death occurred, on the date stated above, at 7 a.m. The CAUSE OF DEATH was as follows:

Senility. (old age)
(DURATION) 7 DAYS
Contributory _____
(DURATION) _____ DAYS
(Signed) Chas. L. Amundson M. D.
190 (Address) Princeton, Minn.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:
Former or usual residence _____ How long at place of death? _____ Days
Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL <u>Princeton, Minn.</u>	DATE OF BURIAL <u>June 25</u> 1907
UNDERTAKER <u>E. A. Ross</u>	ADDRESS <u>Princeton, Minn.</u>
Filed <u>July 2nd</u> 1907	<u>G. P. Baker, M.D.</u> Registrar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

(U. S. STANDARD CERTIFICATE OF DEATH, prepared by the Committee of the American Public Health Association and adopted by the U. S. Census Office.)

CERTIFICATE OF DEATH.

(.....)

INSTRUCTIONS TO REGISTRAR.—The registered number may be inserted in space above, if desired, for your own convenience. It is recommended, however, that it be entered only on face of certificate, in space provided at upper right-hand corner. It should be entered immediately upon receipt at your office, and the date of filing in your office and your signature as registrar should be entered at the same time on the face of the certificate in the lower right-hand corner.

Please examine the certificate carefully before making out the permit and call the attention of the undertaker or person in charge of the disposition of the body to any omissions. If any item cannot be obtained, the space should not be left blank nor a meaningless dash be used, but the word "Unknown" should be plainly written. Be particularly careful to see that the place of death is correctly stated. If out of your jurisdiction, do not register it, but see that it is filed with the registrar where the death occurred. It is not necessary to give the "Special Information," except for deaths in institutions, etc.

Do not fail to mail all certificates of death filed with you to the Secretary of the State Board of Health, St. Paul, Minn., on the fifth (5th) day of the following month.

INSTRUCTIONS TO SUBREGISTRARS.—Licensed embalmers, when duly authorized by the State Board of Health to act as subregistrars, may issue permits to themselves for deaths in villages or townships (but not in cities). They must first have the certificates completely and legibly filled out in ink, and must personally file all certificates with the registrars on or before the third day of the following month without fail. The certificates should not be numbered by the subregistrars, but by the registrars, who record and transmit as if originally filed with them.

DUTY OF UNDERTAKER.—It is the duty of the undertaker or other person in charge of the final disposition of a human body to observe the following requirements of the registration law:

1. He must obtain a certificate of death and have it properly filled out with all of the personal and statistical particulars required by law. This part of the certificate should preferably be signed by a relative or friend of the decedent, or by some competent person acquainted with the facts. It may be signed by the undertaker or by the physician if desired.

2. The certificate containing the above personal particulars must now be presented to the attending physician for the medical certificate of cause of death. If the physician is absent, so that the medical certificate cannot be promptly obtained, the incomplete certificate may be then presented to the registrar with a statement of that fact. The registrar may thereupon, in his discretion, issue a conditional permit, provided the medical certificate be completed at the earliest possible moment. But registrars will exercise especial caution in granting such conditional permits to insure that the death did not result from any infectious disease, requiring sanitary precautions, or from unlawful or suspicious means. If any doubt exists or in the case of a death without medical attendance, the registrar will refer the certificate to the Health Officer or Coroner for investigation and statement of cause of death.

3. The undertaker or person in charge of the disposition of the body must next present the complete certificate of death, containing the medical certificate of cause of death, to the Registrar of the township, village or city where the death occurred, and obtain his permit for the burial or removal of the body before any disposition is made of it.

4. The undertaker should deliver the Registrar's Burial Permit to the Sexton when the interment is made, or, if the body is removed by rail or boat, the Registrar's Removal Permit must be delivered by him to the agent of the transportation company, who must attach it to the box containing the body to accompany it to destination.

DUTY OF SEXTON.—Sextons must not permit an interment until a properly prepared Burial or Removal Permit is delivered by the undertaker or person in charge of the remains. A Removal Permit answers the purpose of a Burial Permit, unless there are local regulations to the contrary.

SUGGESTIONS TO PHYSICIANS.—Physicians are earnestly requested to facilitate the execution of the law, and especially so far as it may be in their power, to aid undertakers in their duty of promptly obtaining a statement of cause of death. Blank certificates will be supplied to all physicians in the State upon request, and may be obtained at any time from the local registrars. Physicians should have a supply of blanks on hand, and in the event of death, kindly leave the medical certificate of cause of death with the family of decedent, or have it ready for the undertaker so that he will not be delayed in obtaining the permit. Compliance with this request, which will remove one of the principal difficulties of prompt registration, will be greatly appreciated.

The statement of cause of death is very important for many reasons. Please be precise and definite in making out the medical certificate. If the death occurred from cancer or tuberculosis, state what part of the body was affected. If from septicemia, give the cause of the septicemia, especially for females of child-bearing age. Never report a death from "heart failure"; it is universally discredited as a statement of cause of death. If such a death was due to actual heart disease, state that fact; or if the "heart failure" occurred in the course of diphtheria or other disease, give the name of the disease that caused the "heart failure."

LAW.

The registration of deaths in Minnesota is governed by Chapter 454, Laws of 1907.

Copies of the law and blank certificates of death will be supplied by the Secretary of the State Board of Health, upon request.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PLACE OF DEATH
County of Miller Co.
Township of _____
or
Village of Princeton
or
City of _____ (No. _____, St.; _____ Ward)

STATE OF MINNESOTA

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 11

FULL NAME Lester E. Smith

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR <u>White</u>
DATE OF BIRTH (Month) <u>March</u> (Day) <u>1</u> (Year) <u>1887</u>	
AGE <u>20</u> years, <u>5</u> months, <u>21</u> days	
SINGLE MARRIED, WIDOWED, OR DIVORCED <u>Single</u>	
AGE AT MARRIAGE, NUMBER OF CHILDREN If married, age at (first) marriage _____ years Parent of _____ children, of whom _____ are living	
BIRTHPLACE (State or country) <u>Greenbush Maine</u>	
NAME OF FATHER <u>Amerrill C. Smith</u>	
BIRTHPLACE OF FATHER (State or country) <u>Brownville Maine</u>	
MAIDEN NAME OF MOTHER <u>Georgine Dunning</u>	
BIRTHPLACE OF MOTHER (State or country) <u>Ontario Canada</u>	
OCCUPATION <u>Clerk</u>	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) A. C. Smith
(Address) Princeton Minn
(OVER)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) <u>August</u> (Day) <u>22</u> (Year) <u>1907</u>

I HEREBY CERTIFY, That I attended deceased from _____, 190____, to _____, 190____, that I last saw him alive on _____, 190____, and that death occurred, on the date stated above, at 2:47 AM.
The CAUSE OF DEATH was as follows:

Lebanese Brights disease

(DURATION) 2 yrs DAYS
Contributory _____
(DURATION) _____ DAYS
(Signed) H. L. Gornetage M. D.
Aug 23, 1907 (Address) _____

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:
Former or usual residence _____ How long at place of death? _____ Days
Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL <u>Princeton</u>	DATE OF BURIAL <u>August 24</u> 190 <u>7</u>
UNDERTAKER <u>E. C. Ross</u>	ADDRESS <u>Princeton Minn</u>
Filed <u>Jan 15</u> 190 <u>10</u>	<u>G. R. Leahy</u> Registrar

N. B.—Every item of information should be carefully supplied. AGE should be stated **EXACTLY**, PHYSICIANS should state **CAUSE OF DEATH** in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

(U. S. STANDARD CERTIFICATE OF DEATH, prepared by the Committee of the American Public Health Association and adopted by the U. S. Census Office.)

CERTIFICATE OF DEATH.

(.....)

INSTRUCTIONS TO REGISTRAR.—The registered number may be inserted in space above, if desired, for your own convenience. It is recommended, however, that it be entered **only on face of certificate**, in space provided at upper right-hand corner. It should be entered immediately upon receipt at your office, and the date of filing in your office and your signature as registrar should be entered at the same time on the face of the certificate in the lower right-hand corner.

Please examine the certificate carefully before making out the permit and call the attention of the undertaker or person in charge of the disposition of the body to any omissions. If any item cannot be obtained, the space should not be left blank nor a meaningless dash be used, but the word "Unknown" should be plainly written. Be particularly careful to see that the place of death is correctly stated. If out of your jurisdiction, do not register it, but see that it is filed with the registrar where the death occurred. It is not necessary to give the "Special Information," except for deaths in institutions etc.

Do not fail to mail all certificates of death filed with you to the Secretary of the State Board of Health, St. Paul, Minn., on the fifth (5th) day of the following month.

INSTRUCTIONS TO SUBREGISTRARS.—Licensed embalmers, when duly authorized by the State Board of Health to act as subregistrars, may issue permits to themselves for deaths in villages or townships (but not in cities). They must first have the certificates completely and legibly filled out in ink, and must personally file all certificates with the registrars on or before the third day of the following month without fail. The certificates should not be numbered by the subregistrars, but by the registrars, who record and transmit as if originally filed with them.

DUTY OF UNDERTAKER.—It is the duty of the undertaker or other person in charge of the final disposition of a human body to observe the following requirements of the registration law:

1. He must obtain a certificate of death and have it properly filled out with all of the personal and statistical particulars required by law. This part of the certificate should preferably be signed by a relative or friend of the decedent, or by some competent person acquainted with the facts. It may be signed by the undertaker or by the physician if desired.

2. The certificate containing the above personal particulars must now be presented to the attending physician for the medical certificate of cause of death. If the physician is absent, so that the medical certificate cannot be promptly obtained, the incomplete certificate may be then presented to the registrar with a statement of that fact. The registrar may thereupon, in his discretion, issue a conditional permit, provided the medical certificate be completed at the earliest possible moment. But registrars will exercise especial caution in granting such conditional permits to insure that the death did not result from any infectious disease, requiring sanitary precautions, or from unlawful or suspicious means. If any doubt exists or in the case of a death without medical attendance, the registrar will refer the certificate to the Health Officer or Coroner for investigation and statement of cause of death.

3. The undertaker or person in charge of the disposition of the body must next present the complete certificate of death, containing the medical certificate of cause of death, to the Registrar of the township, village or city where the death occurred, and obtain his permit for the burial or removal of the body before any disposition is made of it.

4. The undertaker should deliver the Registrar's Burial Permit to the Sexton when the interment is made, or, if the body is removed by rail or boat, the Registrar's Removal Permit must be delivered by him to the agent of the transportation company, who must attach it to the box containing the body to accompany it to destination.

DUTY OF SEXTON.—Sextons must not permit an interment until a properly prepared Burial or Removal Permit is delivered by the undertaker or person in charge of the remains. A Removal Permit answers the purpose of a Burial Permit, unless there are local regulations to the contrary.

SUGGESTIONS TO PHYSICIANS.—Physicians are earnestly requested to facilitate the execution of the law, and especially so far as it may be in their power, to aid undertakers in their duty of promptly obtaining a statement of cause of death. Blank certificates will be supplied to all physicians in the State upon request, and may be obtained at any time from the local registrars. Physicians should have a supply of blanks on hand, and in the event of death, kindly leave the medical certificate of cause of death with the family of decedent, or have it ready for the undertaker so that he will not be delayed in obtaining the permit. Compliance with this request, which will remove one of the principal difficulties of prompt registration, will be greatly appreciated.

The statement of cause of death is very important for many reasons. Please be precise and definite in making out the medical certificate. If the death occurred from cancer or tuberculosis, state what part of the body was affected. If from septicemia, give the cause of the septicemia, especially for females of child-bearing age. Never report a death from "heart failure"; it is universally discredited as a statement of cause of death. If such a death was due to actual heart disease, state that fact; or if the "heart failure" occurred in the course of diphtheria or other disease, give the name of the disease that caused the "heart failure."

LAW.

The registration of deaths in Minnesota is governed by Chapter 454, Laws of 1907.

Copies of the law and blank certificates of death will be supplied by the Secretary of the State Board of Health, upon request.

Filed in the Office of District Court,
Mille Lacs County, Minn.
February 10 A.D. 1911
Prob. Ct. Clerk.
Clerk.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PLACE OF DEATH
County of Miller
Township of Princeton
or
Village of Princeton
or
City of _____ (No. _____ St.; _____ Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH
Registered No. _____

April 25-1908
FULL NAME James Williams Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH (Month) (Day) (Year)
Oct 18th 1906

AGE _____ years, 10 months, 8 days

SINGLE MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE, NUMBER OF CHILDREN } If married, age at (first) marriage _____ years
Parent of _____ children, of whom _____ are living

BIRTHPLACE (State or country) Princeton, Minn.

NAME OF FATHER David Johnson

BIRTHPLACE OF FATHER (State or country) Wyandott, Minn.

MAIDEN NAME OF MOTHER Georgia Mudgett

BIRTHPLACE OF MOTHER (State or country) Princeton, Minn.

OCCUPATION _____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) David Johnson
(Address) Princeton, Minn.
(OVER)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
Aug. 26 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 26, 1907, to Aug. 26, 1907, that I last saw him alive on _____, 190____, and that death occurred, on the date stated above, at 4 P.M. The CAUSE OF DEATH was as follows:
Drowning

(DURATION) Immediate DAYS

Contributory _____ (DURATION) _____ DAYS

(Signed) H. R. Calver M. D.
Aug. 1907 (Address) Princeton, Minn.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:
Former or usual residence _____ How long at place of death? _____ Days
Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL Oak Knoll Cemetery Princeton DATE OF BURIAL August 27th 1907

UNDERTAKER E. A. Ross ADDRESS Princeton, Minn.

Filed Sept 2 1907 W. H. H. H. H. H. Registrar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

(U. S. STANDARD CERTIFICATE OF DEATH, prepared by the Committee of the American Public Health Association and adopted by the U. S. Census Office.)

CERTIFICATE OF DEATH.

(.....)

INSTRUCTIONS TO REGISTRAR.—The registered number may be inserted in space above, if desired, for your own convenience. It is recommended, however, that it be entered only on face of certificate, in space provided at upper right-hand corner. It should be entered immediately upon receipt at your office, and the date of filing in your office and your signature as registrar should be entered at the same time on the face of the certificate in the lower right-hand corner.

Please examine the certificate carefully before making out the permit and call the attention of the undertaker or person in charge of the disposition of the body to any omissions. If any item cannot be obtained, the space should not be left blank nor a meaningless dash be used, but the word "Unknown" should be plainly written. Be particularly careful to see that the place of death is correctly stated. If out of your jurisdiction, do not register it, but see that it is filed with the registrar where the death occurred. It is not necessary to give the "Special Information," except for deaths in institutions etc.

Do not fail to mail all certificates of death filed with you to the Secretary of the State Board of Health, St. Paul, Minn., on the fifth (5th) day of the following month.

INSTRUCTIONS TO SUBREGISTRARS.—Licensed embalmers, when duly authorized by the State Board of Health to act as subregistrars, may issue permits to themselves for deaths in villages or townships (but not in cities). They must first have the certificates completely and legibly filled out in ink, and must personally file all certificates with the registrars on or before the third day of the following month without fail. The certificates should not be numbered by the subregistrars, but by the registrars, who record and transmit as if originally filed with them.

DUTY OF UNDERTAKER.—It is the duty of the undertaker or other person in charge of the final disposition of a human body to observe the following requirements of the registration law:

1. He must obtain a certificate of death and have it properly filled out with all of the personal and statistical particulars required by law. This part of the certificate should preferably be signed by a relative or friend of the decedent, or by some competent person acquainted with the facts. It may be signed by the undertaker, or by the physician if desired.

2. The certificate containing the above personal particulars must now be presented to the attending physician for the medical certificate of cause of death. If the physician is absent, so that the medical certificate cannot be promptly obtained, the incomplete certificate may be then presented to the registrar with a statement of that fact. The registrar may thereupon, in his discretion, issue a conditional permit, provided the medical certificate be completed at the earliest possible moment. But registrars will exercise especial caution in granting such conditional permits to insure that the death did not result from any infectious disease, requiring sanitary precautions, or from unlawful or suspicious means. If any doubt exists or in the case of a death without medical attendance, the registrar will refer the certificate to the Health Officer or Coroner for investigation and statement of cause of death.

3. The undertaker or person in charge of the disposition of the body must next present the complete certificate of death, containing the medical certificate of cause of death, to the Registrar of the township, village or city where the death occurred, and obtain his permit for the burial or removal of the body before any disposition is made of it.

4. The undertaker should deliver the Registrar's Burial Permit to the Sexton when the interment is made, or, if the body is removed by rail or boat, the Registrar's Removal Permit must be delivered by him to the agent of the transportation company, who must attach it to the box containing the body to accompany it to destination.

DUTY OF SEXTON.—Sextons must not permit an interment until a properly prepared Burial or Removal Permit is delivered by the undertaker or person in charge of the remains. A Removal Permit answers the purpose of a Burial Permit, unless there are local regulations to the contrary.

SUGGESTIONS TO PHYSICIANS.—Physicians are earnestly requested to facilitate the execution of the law, and especially so far as it may be in their power, to aid undertakers in their duty of promptly obtaining a statement of cause of death. Blank certificates will be supplied to all physicians in the State upon request, and may be obtained at any time from the local registrars. Physicians should have a supply of blanks on hand, and in the event of death, kindly leave the medical certificate of cause of death with the family of decedent, or have it ready for the undertaker so that he will not be delayed in obtaining the permit. Compliance with this request, which will remove one of the principal difficulties of prompt registration, will be greatly appreciated.

The statement of cause of death is very important for many reasons. Please be precise and definite in making out the medical certificate. If the death occurred from cancer or tuberculosis, state what part of the body was affected. If from septicemia, give the cause of the septicemia, especially for females of child-bearing age. Never report a death from "heart failure"; it is universally discredited as a statement of cause of death. If such a death was due to actual heart disease, state that fact; or if the "heart failure" occurred in the course of diphtheria or other disease, give the name of the disease that caused the "heart failure."

LAW.

The registration of deaths in Minnesota is governed by Chapter 454, Laws of 1907.

Copies of the law and blank certificates of death will be supplied by the Secretary of the State Board of Health, upon request.

John J. Brundage

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PLACE OF DEATH
County of Miller
Township of Princeton
or
Village of Princeton
or
City of _____ (No. _____ St.; _____ Ward)

STATE OF MINNESOTA

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 12

FULL NAME Julia Kalisher

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR <u>White</u>
DATE OF BIRTH <u>1827</u> (Month) <u>March</u> (Day) <u>25</u> (Year) <u>1827</u>	AGE <u>80</u> years, <u>4</u> months, <u>5</u> days
SINGLE MARRIED, WIDOWED, OR DIVORCED <u>Widow</u>	
AGE AT MARRIAGE, NUMBER OF CHILDREN } If married, age at (first) marriage _____ years Parent of _____ children, of whom _____ are living	
BIRTHPLACE (State or country) <u>Ireland</u>	
NAME OF FATHER <u>Dennis Danehy</u>	
BIRTHPLACE OF FATHER (State or country) <u>Ireland</u>	
MAIDEN NAME OF MOTHER <u>Julia Danehy</u>	
BIRTHPLACE OF MOTHER (State or country) <u>Ireland</u>	
OCCUPATION <u>House wife</u>	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) D.A. Kalisher
(Address) Princeton

(OVER)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month) <u>Aug.</u>	(Day) <u>30</u>	(Year) <u>1907</u>
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I HEREBY CERTIFY, That I attended deceased from _____, 190____ to _____, 190____, that I last saw h_____ alive on _____, 190____, and that death occurred, on the date stated above, at 9:30 P.M. The CAUSE OF DEATH was as follows:

Senility
(DURATION) 1 wk DAYS

Contributory _____ (DURATION) _____ DAYS
(Signed) A. B. Amundson M. D.
Aug 31, 1907 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:
Former or usual residence _____ How long at place of death? _____ Days
Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL <u>Princeton</u>	DATE OF BURIAL <u>Sept 1</u> 190 <u>7</u>
UNDERTAKER <u>C.A. Ross</u>	ADDRESS <u>Princeton</u>

Filed Aug 31, 1907 G.R. Leaky Registrar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

(U. S. STANDARD CERTIFICATE OF DEATH, prepared by the Committee of the American Public Health Association and adopted by the U. S. Census Office.)

CERTIFICATE OF DEATH.

(.....)

INSTRUCTIONS TO REGISTRAR.—The registered number may be inserted in space above, if desired, for your own convenience. It is recommended, however, that it be entered **only on face of certificate**, in space provided at upper right-hand corner. It should be entered immediately upon receipt at your office, and the date of filing in your office and your signature as registrar should be entered at the same time on the face of the certificate in the lower right-hand corner.

Please examine the certificate carefully before making out the permit and call the attention of the undertaker or person in charge of the disposition of the body to any omissions. If any item cannot be obtained, the space should not be left blank nor a meaningless dash be used, but the word "Unknown" should be plainly written. Be particularly careful to see that the place of death is correctly stated. If out of your jurisdiction, do not register it, but see that it is filed with the registrar where the death occurred. It is not necessary to give the "Special Information," except for deaths in institutions etc.

Do not fail to mail all certificates of death filed with you to the Secretary of the State Board of Health, St. Paul, Minn., on the fifth (5th) day of the following month.

INSTRUCTIONS TO SUBREGISTRARS—Licensed embalmers, when duly authorized by the State Board of Health to act as subregistrars, may issue permits to themselves for deaths in villages or townships (but not in cities). They must first have the certificates completely and legibly filled out in ink, and must personally file all certificates with the registrars on or before the third day of the following month without fail. The certificates should not be numbered by the subregistrars, but by the registrars, who record and transmit as if originally filed with them.

DUTY OF UNDERTAKER.—It is the duty of the undertaker or other person in charge of the final disposition of a human body to observe the following requirements of the registration law:

1. He must obtain a **certificate of death** and have it properly filled out with all of the **personal and statistical particulars** required by law. This part of the certificate should preferably be signed by a relative or friend of the decedent, or by some competent person acquainted with the facts. It may be signed by the undertaker or by the physician if desired.

2. The certificate containing the above personal particulars must now be presented to the attending physician for the **medical certificate of cause of death**. If the physician is absent, so that the medical certificate cannot be promptly obtained, the incomplete certificate may be then presented to the registrar with a statement of that fact. The registrar may thereupon, in his discretion, issue a conditional permit, provided the medical certificate be completed at the earliest possible moment. But registrars will exercise especial caution in granting such conditional permits to insure that the death did not result from any infectious disease, requiring sanitary precautions, or from unlawful or suspicious means. If any doubt exists or in the case of a death without medical attendance, the registrar will refer the certificate to the Health Officer or Coroner for investigation and statement of cause of death.

3. The undertaker or person in charge of the disposition of the body must next present the complete certificate of death, containing the medical certificate of cause of death, to the Registrar of the township, village or city where the death occurred, and obtain his permit for the burial or removal of the body before any disposition is made of it.

4. The undertaker should deliver the **Registrar's Burial Permit to the Sexton** when the interment is made, or, if the body is removed by rail or boat, the **Registrar's Removal Permit** must be delivered by him to the **agent of the transportation company**, who must attach it to the box containing the body to accompany it to destination.

DUTY OF SEXTON.—Sextons must not permit an interment until a properly prepared Burial or Removal Permit is delivered by the undertaker or person in charge of the remains. A Removal Permit answers the purpose of a Burial Permit, unless there are local regulations to the contrary.

SUGGESTIONS TO PHYSICIANS.—Physicians are earnestly requested to facilitate the execution of the law, and especially so far as it may be in their power, to aid undertakers in their duty of promptly obtaining a statement of cause of death. Blank certificates will be supplied to all physicians in the State upon request, and may be obtained at any time from the local registrars. Physicians should have a supply of blanks on hand, and in the event of death, kindly leave the medical certificate of cause of death with the family of decedent, or have it ready for the undertaker so that he will not be delayed in obtaining the permit. Compliance with this request, which will remove one of the principal difficulties of prompt registration, will be greatly appreciated.

The statement of cause of death is very important for many reasons. Please be precise and definite in making out the medical certificate. If the death occurred from **cancer or tuberculosis**, state what part of the body was affected. If from **septicemia**, give the cause of the septicemia, especially for females of child-bearing age. Never report a death from "**heart failure**"; it is universally discredited as a statement of cause of death. If such a death was due to actual heart disease, state that fact; or if the "**heart failure**" occurred in the course of diphtheria or other disease, give the name of the disease that caused the "**heart failure**."

LAW.

The registration of deaths in Minnesota is governed by Chapter 454, Laws of 1907.

Copies of the law and blank certificates of death will be supplied by the Secretary of the State Board of Health, upon request.

Filed in the Office of District Court,

St. Louis County, Minn.

February 10 A.D. 1911

W. H. C. King, Clerk.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PLACE OF DEATH

County of Sherburn Wille Lacs

Township of Baldwin

or
Village of Princeton

or
City of Princeton

(No. _____)

St.; _____ Ward)

Registered No. 13

FULL NAME Agusta A. Newberg

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR <u>White</u>
DATE OF BIRTH <u>Copley</u> <u>January</u> <u>7</u> <u>1868</u>	
AGE <u>39</u> years, <u>8</u> months, <u>15</u> days	
SINGLE MARRIED, WIDOWED, OR DIVORCED <u>Married</u>	
AGE AT MARRIAGE, NUMBER OF CHILDREN If married, age at (first) marriage <u>26</u> years Parent of _____ children, of whom <u>3</u> are living	
BIRTHPLACE (State or country) <u>Copley Illinois</u>	
NAME OF FATHER <u>Mr. Westfall</u>	
BIRTHPLACE OF FATHER (State or country) <u>Ohio</u>	
MAIDEN NAME OF MOTHER <u>Miss Bowles</u>	
BIRTHPLACE OF MOTHER (State or country) <u>Ohio</u>	
OCCUPATION <u>Farmers wife</u>	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John Newberg

(Address) _____

(OVER)

STATE OF MINNESOTA

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH <u>Sept 22</u>	(Month) <u>Sept</u>	(Day) <u>22</u> <u>nd</u>	(Year) <u>1907</u>
---------------------------------	------------------------	------------------------------	-----------------------

I HEREBY CERTIFY, That I attended deceased from Sept 20, 1907, to Sept 22, 1907, that I last saw him alive on Sept 22, 1907, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 2 DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed) H. C. Cooney M. D.
Sept 23 1907 (Address) _____

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:
Former or usual residence Baldwin How long at place of death? 3 Days
Where was disease contracted, if not at place of death? Baldwin

PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL 1907

UNDERTAKER E. A. Ross ADDRESS _____

Filed Jan 1 1907 G. R. Plummer Registrar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

(U. S. STANDARD CERTIFICATE OF DEATH, prepared by the Committee of the American Public Health Association and adopted by the U. S. Census Office.)

CERTIFICATE OF DEATH.

(.....)

INSTRUCTIONS TO REGISTRAR.—The registered number may be inserted in space above, if desired, for your own convenience. It is recommended, however, that it be entered **only on face of certificate**, in space provided at upper right-hand corner. It should be entered immediately upon receipt at your office, and the date of filing in your office and your signature as registrar should be entered at the same time on the face of the certificate in the lower right-hand corner.

Please examine the certificate carefully before making out the permit and call the attention of the undertaker or person in charge of the disposition of the body to any omissions. If any item cannot be obtained, the space should not be left blank nor a meaningless dash be used, but the word "Unknown" should be plainly written. Be particularly careful to see that the place of death is correctly stated. If out of your jurisdiction, do not register it, but see that it is filed with the registrar where the death occurred. It is not necessary to give the "Special Information," except for deaths in institutions etc.

Do not fail to mail all certificates of death filed with you to the Secretary of the State Board of Health, St. Paul, Minn., on the fifth (5th) day of the following month.

INSTRUCTIONS TO SUBREGISTRARS.—Licensed embalmers, when duly authorized by the State Board of Health to act as subregistrars, may issue permits to themselves for deaths in villages or townships (but not in cities). They must first have the certificates completely and legibly filled out in ink, and must personally file all certificates with the registrars on or before the third day of the following month without fail. The certificates should not be numbered by the subregistrars, but by the registrars, who record and transmit as if originally filed with them.

DUTY OF UNDERTAKER.—It is the duty of the undertaker or other person in charge of the final disposition of a human body to observe the following requirements of the registration law:

1. He must obtain a **certificate of death** and have it properly filled out with all of the **personal and statistical particulars** required by law. This part of the certificate should preferably be signed by a relative or friend of the decedent, or by some competent person acquainted with the facts. It may be signed by the undertaker or by the physician if desired.

2. The certificate containing the above personal particulars must now be presented to the attending physician for the **medical certificate of cause of death**. If the physician is absent, so that the medical certificate cannot be promptly obtained, the incomplete certificate may be then presented to the registrar with a statement of that fact. The registrar may thereupon, in his discretion, issue a conditional permit, provided the medical certificate be completed at the earliest possible moment. But registrars will exercise especial caution in granting such conditional permits to insure that the death did not result from any infectious disease, requiring sanitary precautions, or from unlawful or suspicious means. If any doubt exists or in the case of a death without medical attendance, the registrar will refer the certificate to the Health Officer or Coroner for investigation and statement of cause of death.

3. The undertaker or person in charge of the disposition of the body must next present the complete certificate of death, containing the medical certificate of cause of death, to the Registrar of the township, village or city where the death occurred, and obtain his permit for the burial or removal of the body before any disposition is made of it.

4. The undertaker should deliver the **Registrar's Burial Permit to the Sexton** when the interment is made, or, if the body is removed by rail or boat, the **Registrar's Removal Permit** must be delivered by him to the **agent of the transportation company**, who must attach it to the box containing the body to accompany it to destination.

DUTY OF SEXTON.—Sextons must not permit an interment until a properly prepared Burial or Removal Permit is delivered by the undertaker or person in charge of the remains. A Removal Permit answers the purpose of a Burial Permit, unless there are local regulations to the contrary.

SUGGESTIONS TO PHYSICIANS.—Physicians are earnestly requested to facilitate the execution of the law, and especially so far as it may be in their power, to aid undertakers in their duty of promptly obtaining a statement of cause of death. Blank certificates will be supplied to all physicians in the State upon request, and may be obtained at any time from the local registrars. Physicians should have a supply of blanks on hand, and in the event of death, kindly leave the medical certificate of cause of death with the family of decedent, or have it ready for the undertaker so that he will not be delayed in obtaining the permit. Compliance with this request, which will remove one of the principal difficulties of prompt registration, will be greatly appreciated.

The statement of cause of death is very important for many reasons. Please be precise and definite in making out the medical certificate. If the death occurred from **cancer or tuberculosis**, state what part of the body was affected. If from **septicemia**, give the cause of the septicemia, especially for females of child-bearing age. Never report a death from "**heart failure**"; it is universally discredited as a statement of cause of death. If such a death was due to actual heart disease, state that fact; or if the "heart failure" occurred in the course of diphtheria or other disease, give the name of the disease that caused the "heart failure."

LAW.

The registration of deaths in Minnesota is governed by Chapter 454, Laws of 1907.

Copies of the law and blank certificates of death will be supplied by the Secretary of the State Board of Health, upon request.

Filed in the Office of District Court,
Mille Lacs County, Minn.

February 16 A.D. 1911

Robt. H. King, Clerk.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PLACE OF DEATH
County of Mille Lacs
Township of Princeton
or
Village of Princeton
or
City of _____ (No. _____ St.; _____ Ward)

STATE OF MINNESOTA

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 14

FULL NAME Hugh Brown

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR <u>White</u>
DATE OF BIRTH (Month) <u>Apr</u> (Day) <u>17</u> (Year) <u>1881</u>	AGE <u>26</u> years, <u>6</u> months, <u>3</u> days
SINGLE—MARRIED, WIDOWED, OR DIVORCED	
AGE AT MARRIAGE, NUMBER OF CHILDREN <u>4</u> If married, age at (first) marriage _____ years Parent of _____ children, of whom _____ are living	
BIRTHPLACE (State or country) <u>Ireland</u>	
NAME OF FATHER <u>Thomas Brown</u>	
BIRTHPLACE OF FATHER (State or country) <u>Unknown</u>	
MAIDEN NAME OF MOTHER <u>McAdams</u>	
BIRTHPLACE OF MOTHER (State or country) <u>Unknown</u>	
OCCUPATION <u>Blacksmith</u>	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Fred H. Brown
(Address) _____ (OVER)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) <u>Oct</u> (Day) <u>20</u> (Year) <u>1907</u>
--

I HEREBY CERTIFY, That I attended deceased from Oct 18, 1907, to Oct 20, 1907, that I last saw him alive on Oct 20, 1907, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Apoplexy

(DURATION) 2 DAYS
Contributory _____

(SIGNED) H. C. Cronin M. D.
(Address) Princeton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents: None
Former or usual residence _____ How long at place of death? _____ Days

Where was disease contracted, If not at place of death? _____

PLACE OF BURIAL OR REMOVAL Princeton
DATE OF BURIAL Oct 23, 1907

UNDERTAKER E. A. Ross
ADDRESS Princeton Minn

Filed Jan 15, 1908
Registrar H. P. Leary

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

(U. S. STANDARD CERTIFICATE OF DEATH, prepared by the Committee of the American Public Health Association and adopted by the U. S. Census Office.)

CERTIFICATE OF DEATH.

(.....)

INSTRUCTIONS TO REGISTRAR.—The registered number may be inserted in space above, if desired, for your own convenience. It is recommended, however, that it be entered **only on face of certificate**, in space provided at upper right-hand corner. It should be entered immediately upon receipt at your office, and the date of filing in your office and your signature as registrar should be entered at the same time on the face of the certificate in the lower right-hand corner.

Please examine the certificate carefully before making out the permit and call the attention of the undertaker or person in charge of the disposition of the body to any omissions. If any item cannot be obtained, the space should not be left blank nor a meaningless dash be used, but the word "Unknown" should be plainly written. Be particularly careful to see that the place of death is correctly stated. If out of your jurisdiction, do not register it, but see that it is filed with the registrar where the death occurred. It is not necessary to give the "Special Information," except for deaths in institutions, etc.

Do not fail to mail all certificates of death filed with you to the Secretary of the State Board of Health, St. Paul, Minn., on the fifth (5th) day of the following month.

INSTRUCTIONS TO SUBREGISTRARS.—Licensed embalmers, when duly authorized by the State Board of Health to act as subregistrars, may issue permits to themselves for deaths in villages or townships (but not in cities). They must first have the certificates completely and legibly filled out in ink, and must personally file all certificates with the registrars on or before the third day of the following month without fail. The certificates should not be numbered by the subregistrars, but by the registrars, who record and transmit as if originally filed with them.

DUTY OF UNDERTAKER.—It is the duty of the undertaker or other person in charge of the final disposition of a human body to observe the following requirements of the registration law:

1. He must obtain a certificate of death and have it properly filled out with all of the personal and statistical particulars required by law. This part of the certificate should preferably be signed by a relative or friend of the decedent, or by some competent person acquainted with the facts. It may be signed by the undertaker or by the physician if desired.

2. The certificate containing the above personal particulars must now be presented to the attending physician for the medical certificate of cause of death. If the physician is absent, so that the medical certificate cannot be promptly obtained, the incomplete certificate may be then presented to the registrar with a statement of that fact. The registrar may thereupon, in his discretion, issue a conditional permit, provided the medical certificate be completed at the earliest possible moment. But registrars will exercise especial caution in granting such conditional permits to insure that the death did not result from any infectious disease, requiring sanitary precautions, or from unlawful or suspicious means. If any doubt exists or in the case of a death without medical attendance, the registrar will refer the certificate to the Health Officer or Coroner for investigation and statement of cause of death.

3. The undertaker or person in charge of the disposition of the body must next present the complete certificate of death, containing the medical certificate of cause of death, to the Registrar of the township, village or city where the death occurred, and obtain his permit for the burial or removal of the body before any disposition is made of it.

4. The undertaker should deliver the Registrar's Burial Permit to the Sexton when the interment is made, or, if the body is removed by rail or boat, the Registrar's Removal Permit must be delivered by him to the agent of the transportation company, who must attach it to the box containing the body to accompany it to destination.

DUTY OF SEXTON.—Sextons must not permit an interment until a properly prepared Burial or Removal Permit is delivered by the undertaker or person in charge of the remains. A Removal Permit answers the purpose of a Burial Permit, unless there are local regulations to the contrary.

SUGGESTIONS TO PHYSICIANS.—Physicians are earnestly requested to facilitate the execution of the law, and especially so far as it may be in their power, to aid undertakers in their duty of promptly obtaining a statement of cause of death. Blank certificates will be supplied to all physicians in the State upon request, and may be obtained at any time from the local registrars. Physicians should have a supply of blanks on hand, and in the event of death, kindly leave the medical certificate of cause of death with the family of decedent, or have it ready for the undertaker so that he will not be delayed in obtaining the permit. Compliance with this request, which will remove one of the principal difficulties of prompt registration, will be greatly appreciated.

The statement of cause of death is very important for many reasons. Please be precise and definite in making out the medical certificate. If the death occurred from cancer or tuberculosis, state what part of the body was affected. If from septicemia, give the cause of the septicemia, especially for females of child-bearing age. Never report a death from "heart failure"; it is universally discredited as a statement of cause of death. If such a death was due to actual heart disease, state that fact; or if the "heart failure" occurred in the course of diphtheria or other disease, give the name of the disease that caused the "heart failure."

LAW.

The registration of deaths in Minnesota is governed by Chapter 454, Laws of 1907.

Copies of the law and blank certificates of death will be supplied by the Secretary of the State Board of Health, upon request.

Filed in the Office of District Court,
Mille Lacs County, Minn.

Feb. 10 A.D. 1911
Chas. W. King, Clerk

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PLACE OF DEATH
County of Miller
Township of Princeton
or
Village of Princeton
or
City of _____ (No. _____, St.; _____ Ward)

STATE OF MINNESOTA

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 15

FULL NAME Amanda Melina Carter

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give 'Special Information' below.]

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR <u>white</u>
DATE OF BIRTH (Month) <u>June</u> (Day) <u>13</u> (Year) <u>1882</u>	AGE <u>25</u> years, <u>4</u> months, <u>25</u> days
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u>	
AGE AT MARRIAGE, NUMBER OF CHILDREN If married, age at (first) marriage <u>20</u> years Parent of <u>4</u> children, of whom <u>2</u> are living	
BIRTHPLACE (State or country) <u>New Hampshire</u>	
NAME OF FATHER <u>Benjamin Hamilton</u>	
BIRTHPLACE OF FATHER (State or country) <u>New Hampshire</u>	
MAIDEN NAME OF MOTHER <u>Eunice M. Abbott</u>	
BIRTHPLACE OF MOTHER (State or country) <u>New Hampshire</u>	
OCCUPATION <u>Housewife</u>	
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF	
(Informant) <u>Mrs. E. G. Griffin</u>	
(Address) <u>Princeton, Minn.</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) <u>Nov.</u> (Day) <u>8</u> (Year) <u>1907</u>	I HEREBY CERTIFY, That I attended deceased from <u>Nov. 5</u> , 1907, to <u>Nov. 7</u> , 1907, that I last saw her alive on <u>Nov. 7</u> , 1907, and that death occurred, on the date stated above, at <u>8 A.</u> M. The CAUSE OF DEATH was as follows: <u>Senility</u>
(DURATION) <u>✓</u> DAYS	
Contributory _____ (DURATION) _____ DAYS	
(Signed) <u>G. P. Peabody</u> M. D.	(Address) <u>Princeton</u>
SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents: Former or usual residence _____ How long at place of death? _____ Days Where was disease contracted, if not at place of death? _____	
PLACE OF BURIAL OR REMOVAL <u>Princeton</u>	DATE OF BURIAL <u>Nov. 12</u> , 1907
UNDERTAKER <u>E. A. Ross</u>	ADDRESS <u>Princeton</u>
Filed <u>Jan 12</u> , 1908 <u>G. P. Peabody</u>	Registrar

(OVER)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

(U. S. STANDARD CERTIFICATE OF DEATH, prepared by the Committee of the American Public Health Association and adopted by the U. S. Census Office.)

CERTIFICATE OF DEATH.

(.....)

INSTRUCTIONS TO REGISTRAR.—The registered number may be inserted in space above, if desired, for your own convenience. It is recommended, however, that it be entered only on face of certificate, in space provided at upper right-hand corner. It should be entered immediately upon receipt at your office, and the date of filing in your office and your signature as registrar should be entered at the same time on the face of the certificate in the lower right-hand corner.

Please examine the certificate carefully before making out the permit and call the attention of the undertaker or person in charge of the disposition of the body to any omissions. If any item cannot be obtained, the space should not be left blank nor a meaningless dash be used, but the word "Unknown" should be plainly written. Be particularly careful to see that the place of death is correctly stated. If out of your jurisdiction, do not register it, but see that it is filed with the registrar where the death occurred. It is not necessary to give the "Special Information," except for deaths in institutions, etc.

Do not fail to mail all certificates of death filed with you to the Secretary of the State Board of Health, St. Paul, Minn., on the fifth (5th) day of the following month.

INSTRUCTIONS TO SUBREGISTRARS.—Licensed embalmers, when duly authorized by the State Board of Health to act as subregistrars, may issue permits to themselves for deaths in villages or townships (but not in cities). They must first have the certificates completely and legibly filled out in ink, and must personally file all certificates with the registrars on or before the third day of the following month without fail. The certificates should not be numbered by the subregistrars, but by the registrars, who record and transmit as if originally filed with them.

DUTY OF UNDERTAKER.—It is the duty of the undertaker or other person in charge of the final disposition of a human body to observe the following requirements of the registration law:

1. He must obtain a certificate of death and have it properly filled out with all of the personal and statistical particulars required by law. This part of the certificate should preferably be signed by a relative or friend of the decedent, or by some competent person acquainted with the facts. It may be signed by the undertaker or by the physician if desired.

2. The certificate containing the above personal particulars must now be presented to the attending physician for the medical certificate of cause of death. If the physician is absent, so that the medical certificate cannot be promptly obtained, the incomplete certificate may be then presented to the registrar with a statement of that fact. The registrar may thereupon, in his discretion, issue a conditional permit, provided the medical certificate be completed at the earliest possible moment. But registrars will exercise especial caution in granting such conditional permits to insure that the death did not result from any infectious disease, requiring sanitary precautions, or from unlawful or suspicious means. If any doubt exists or in the case of a death without medical attendance, the registrar will refer the certificate to the Health Officer or Coroner for investigation and statement of cause of death.

3. The undertaker or person in charge of the disposition of the body must next present the complete certificate of death, containing the medical certificate of cause of death, to the Registrar of the township, village or city where the death occurred, and obtain his permit for the burial or removal of the body before any disposition is made of it.

4. The undertaker should deliver the Registrar's Burial Permit to the Sexton when the interment is made, or, if the body is removed by rail or boat, the Registrar's Removal Permit must be delivered by him to the agent of the transportation company, who must attach it to the box containing the body to accompany it to destination.

DUTY OF SEXTON.—Sextons must not permit an interment until a properly prepared Burial or Removal Permit is delivered by the undertaker or person in charge of the remains. A Removal Permit answers the purpose of a Burial Permit, unless there are local regulations to the contrary.

SUGGESTIONS TO PHYSICIANS.—Physicians are earnestly requested to facilitate the execution of the law, and especially so far as it may be in their power, to aid undertakers in their duty of promptly obtaining a statement of cause of death. Blank certificates will be supplied to all physicians in the State upon request, and may be obtained at any time from the local registrars. Physicians should have a supply of blanks on hand, and in the event of death, kindly leave the medical certificate of cause of death with the family of decedent, or have it ready for the undertaker so that he will not be delayed in obtaining the permit. Compliance with this request, which will remove one of the principal difficulties of prompt registration, will be greatly appreciated.

The statement of cause of death is very important for many reasons. Please be precise and definite in making out the medical certificate. If the death occurred from cancer or tuberculosis, state what part of the body was affected. If from septicemia, give the cause of the septicemia, especially for females of child-bearing age. Never report a death from "heart failure"; it is universally discredited as a statement of cause of death. If such a death was due to actual heart disease, state that fact; or if the "heart failure" occurred in the course of diphtheria or other disease, give the name of the disease that caused the "heart failure."

LAW.

The registration of deaths in Minnesota is governed by Chapter 454, Laws of 1907.

Copies of the law and blank certificates of death will be supplied by the Secretary of the State Board of Health, upon request.

Filed in the Office of District Court,
Mille Lacs County, Minn.

February 10 A. D. 1911

Robt. L. King. Clerk.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PLACE OF DEATH
County of Waukegan
Township of Princeton
or
Village of _____
or
City of _____ (No. _____ St.; _____ Ward)

STATE OF MINNESOTA

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 228

FULL NAME Abigail Augusta Dehn 1908

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White
DATE OF BIRTH (Month) (Day) (Year)
July 1 1855
AGE 52 years, 5 months, 15 days

SINGLE MARRIED, WIDOWED, OR DIVORCED married
AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage _____ years
Parent of 8 children, of whom 8 are living

BIRTHPLACE (State or country) Germany

NAME OF FATHER Christian Dehn

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) August Dehn
(Address) Princeton, Minn. (OVER)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
Nov 16 1907

I HEREBY CERTIFY, That I attended deceased from Apr, 1907, to June, 1907, that I last saw her alive on June 12, 1907, and that death occurred, on the date stated above, at 5 P M. The CAUSE OF DEATH was as follows:

Pulmonary tuberculosis

(DURATION) _____ DAYS

Contributory _____

(SIGNED) H. C. Conroy M. D. (DURATION) _____ DAYS

190 (Address) Princeton Minn

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at place of death? _____ Days

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

PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____ 190 _____

UNDERTAKER Edw. Ross ADDRESS _____

Filed Nov 17 1907 W. H. Kinsch Registrar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

(U. S. STANDARD CERTIFICATE OF DEATH, prepared by the Committee of the American Public Health Association and adopted by the U. S. Census Office.)

CERTIFICATE OF DEATH.

(.....)

INSTRUCTIONS TO REGISTRAR.—The registered number may be inserted in space above, if desired, for your own convenience. It is recommended, however, that it be entered only on face of certificate, in space provided at upper right-hand corner. It should be entered immediately upon receipt at your office, and the date of filing in your office and your signature as registrar should be entered at the same time on the face of the certificate in the lower right-hand corner.

Please examine the certificate carefully before making out the permit and call the attention of the undertaker or person in charge of the disposition of the body to any omissions. If any item cannot be obtained, the space should not be left blank nor a meaningless dash be used, but the word "Unknown" should be plainly written. Be particularly careful to see that the place of death is correctly stated. If out of your jurisdiction, do not register it, but see that it is filed with the registrar where the death occurred. It is not necessary to give the "Special Information," except for deaths in institutions etc.

Do not fail to mail all certificates of death filed with you to the Secretary of the State Board of Health, St. Paul, Minn., on the fifth (5th) day of the following month.

INSTRUCTIONS TO SUBREGISTRARS.—Licensed embalmers, when duly authorized by the State Board of Health to act as subregistrars, may issue permits to themselves for deaths in villages or townships (but not in cities). They must first have the certificates completely and legibly filled out in ink, and must personally file all certificates with the registrars on or before the third day of the following month without fail. The certificates should not be numbered by the subregistrars, but by the registrars, who record and transmit as if originally filed with them.

DUTY OF UNDERTAKER.—It is the duty of the undertaker or other person in charge of the final disposition of a human body to observe the following requirements of the registration law:

1. He must obtain a certificate of death and have it properly filled out with all of the personal and statistical particulars required by law. This part of the certificate should preferably be signed by a relative or friend of the decedent, or by some competent person acquainted with the facts. It may be signed by the undertaker or by the physician if desired.

2. The certificate containing the above personal particulars must now be presented to the attending physician for the medical certificate of cause of death. If the physician is absent, so that the medical certificate cannot be promptly obtained, the incomplete certificate may be then presented to the registrar with a statement of that fact. The registrar may thereupon, in his discretion, issue a conditional permit, provided the medical certificate be completed at the earliest possible moment. But registrars will exercise special caution in granting such conditional permits to insure that the death did not result from any infectious disease, requiring sanitary precautions, or from unlawful or suspicious means. If any doubt exists or in the case of a death without medical attendance, the registrar will refer the certificate to the Health Officer or Coroner for investigation and statement of cause of death.

3. The undertaker or person in charge of the disposition of the body must next present the complete certificate of death, containing the medical certificate of cause of death, to the Registrar of the township, village or city where the death occurred, and obtain his permit for the burial or removal of the body before any disposition is made of it.

4. The undertaker should deliver the Registrar's Burial Permit to the Sexton when the interment is made, or, if the body is removed by rail or boat, the Registrar's Removal Permit must be delivered by him to the agent of the transportation company, who must attach it to the box containing the body to accompany it to destination.

DUTY OF SEXTON.—Sextons must not permit an interment until a properly prepared Burial or Removal Permit is delivered by the undertaker or person in charge of the remains. A Removal Permit answers the purpose of a Burial Permit, unless there are local regulations to the contrary.

SUGGESTIONS TO PHYSICIANS.—Physicians are earnestly requested to facilitate the execution of the law, and especially so far as it may be in their power, to aid undertakers in their duty of promptly obtaining a statement of cause of death. Blank certificates will be supplied to all physicians in the State upon request, and may be obtained at any time from the local registrars. Physicians should have a supply of blanks on hand, and in the event of death, kindly leave the medical certificate of cause of death with the family of decedent, or have it ready for the undertaker so that he will not be delayed in obtaining the permit. Compliance with this request, which will remove one of the principal difficulties of prompt registration, will be greatly appreciated.

The statement of cause of death is very important for many reasons. Please be precise and definite in making out the medical certificate. If the death occurred from cancer or tuberculosis, state what part of the body was affected. If from septicemia, give the cause of the septicemia, especially for females of child-bearing age. Never report a death from "heart failure"; it is universally discredited as a statement of cause of death. If such a death was due to actual heart disease, state that fact; or if the "heart failure" occurred in the course of diphtheria or other disease, give the name of the disease that caused the "heart failure."

LAW.

The registration of deaths in Minnesota is governed by Chapter 454, Laws of 1907.

Copies of the law and blank certificates of death will be supplied by the Secretary of the State Board of Health, upon request.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PLACE OF DEATH
County of Miller
Township of _____
or
Village of Princeton
or
City of _____ (No. _____, St.; _____ Ward)

STATE OF MINNESOTA

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 16

FULL NAME Phoebe, L. Tetro

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give Special Information below.]

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR <u>white</u>
DATE OF BIRTH <u>18</u> (Month), <u>1867</u> (Year)	AGE <u>40</u> years, _____ months, _____ days
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>	
AGE AT MARRIAGE, NUMBER OF CHILDREN If married, age at (first) marriage <u>18</u> years Parent of <u>3</u> children, of whom _____ are living	
BIRTHPLACE (State or country) <u>Wells Minnesota</u>	
NAME OF FATHER <u>unknown</u>	
BIRTHPLACE OF FATHER (State or country) <u>unknown</u>	
MAIDEN NAME OF MOTHER <u>unknown</u>	
BIRTHPLACE OF MOTHER (State or country) <u>unknown</u>	
OCCUPATION <u>Housewife</u>	
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (Informant) <u>Edwin Tetro</u> (Address) <u>Princeton Minn</u> (OVER)	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH <u>Dec</u> (Month), <u>7</u> (Day), 190 <u>7</u> (Year)	I HEREBY CERTIFY, That I attended deceased from <u>Dec 1</u> , 190 <u>7</u> , to <u>Dec 7</u> , 190 <u>7</u> , that I last saw her alive on <u>Dec 5</u> , 190 <u>7</u> , and that death occurred, on the date stated above, at <u>9 A.</u> M. The CAUSE OF DEATH was as follows: <u>Acute Nephritis</u>
Contributory _____ (DURATION) <u>2 wks.</u> DAYS	
(Signed) _____ M. D. 190 <u>7</u> (Address) _____	
SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents: Former or usual residence _____ How long at place of death? _____ Days Where was disease contracted, if not at place of death? _____	
PLACE OF BURIAL OR REMOVAL <u>Princeton Minn</u>	DATE OF BURIAL <u>Dec 8</u> , 190 <u>7</u>
UNDERTAKER <u>E. C. Row</u>	ADDRESS <u>Princeton Minn</u>
Filed <u>Jan 10</u> , 190 <u>8</u> <u>H. P. Lecky</u>	Registrar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

(U. S. STANDARD CERTIFICATE OF DEATH, prepared by the Committee of the American Public Health Association and adopted by the U. S. Census Office.)

CERTIFICATE OF DEATH.

(.....)

INSTRUCTIONS TO REGISTRAR.—The registered number may be inserted in space above, if desired, for your own convenience. It is recommended, however, that it be entered only on face of certificate, in space provided at upper right-hand corner. It should be entered immediately upon receipt at your office, and the date of filing in your office and your signature as registrar should be entered at the same time on the face of the certificate in the lower right-hand corner.

Please examine the certificate carefully before making out the permit and call the attention of the undertaker or person in charge of the disposition of the body to any omissions. If any item cannot be obtained, the space should not be left blank nor a meaningless dash be used, but the word "Unknown" should be plainly written. Be particularly careful to see that the place of death is correctly stated. If out of your jurisdiction, do not register it, but see that it is filed with the registrar where the death occurred. It is not necessary to give the "Special Information," except for deaths in institutions, etc.

Do not fail to mail all certificates of death filed with you to the Secretary of the State Board of Health, St. Paul, Minn., on the fifth (5th) day of the following month.

INSTRUCTIONS TO SUBREGISTRARS.—Licensed embalmers, when duly authorized by the State Board of Health to act as subregistrars, may issue permits to themselves for deaths in villages or townships (but not in cities). They must first have the certificates completely and legibly filled out in ink, and must personally file all certificates with the registrars on or before the third day of the following month without fail. The certificates should not be numbered by the subregistrars, but by the registrars, who record and transmit as if originally filed with them.

DUTY OF UNDERTAKER.—It is the duty of the undertaker or other person in charge of the final disposition of a human body to observe the following requirements of the registration law:

1. He must obtain a certificate of death and have it properly filled out with all of the personal and statistical particulars required by law. This part of the certificate should preferably be signed by a relative or friend of the decedent, or by some competent person acquainted with the facts. It may be signed by the undertaker or by the physician if desired.

2. The certificate containing the above personal particulars must now be presented to the attending physician for the medical certificate of cause of death. If the physician is absent, so that the medical certificate cannot be promptly obtained, the incomplete certificate may be then presented to the registrar with a statement of that fact. The registrar may thereupon, in his discretion, issue a conditional permit, provided the medical certificate be completed at the earliest possible moment. But registrars will exercise especial caution in granting such conditional permits to insure that the death did not result from any infectious disease, requiring sanitary precautions, or from unlawful or suspicious means. If any doubt exists or in the case of a death without medical attendance, the registrar will refer the certificate to the Health Officer or Coroner for investigation and statement of cause of death.

3. The undertaker or person in charge of the disposition of the body must next present the complete certificate of death, containing the medical certificate of cause of death, to the Registrar of the township, village or city where the death occurred, and obtain his permit for the burial or removal of the body before any disposition is made of it.

4. The undertaker should deliver the Registrar's Burial Permit to the Sexton when the interment is made, or, if the body is removed by rail or boat, the Registrar's Removal Permit must be delivered by him to the agent of the transportation company, who must attach it to the box containing the body to accompany it to destination.

DUTY OF SEXTON.—Sextons must not permit an interment until a properly prepared Burial or Removal Permit is delivered by the undertaker or person in charge of the remains. A Removal Permit answers the purpose of a Burial Permit, unless there are local regulations to the contrary.

SUGGESTIONS TO PHYSICIANS.—Physicians are earnestly requested to facilitate the execution of the law, and especially so far as it may be in their power, to aid undertakers in their duty of promptly obtaining a statement of cause of death. Blank certificates will be supplied to all physicians in the State upon request, and may be obtained at any time from the local registrars. Physicians should have a supply of blanks on hand, and in the event of death, kindly leave the medical certificate of cause of death with the family of decedent, or have it ready for the undertaker so that he will not be delayed in obtaining the permit. Compliance with this request, which will remove one of the principal difficulties of prompt registration, will be greatly appreciated.

The statement of cause of death is very important for many reasons. Please be precise and definite in making out the medical certificate. If the death occurred from cancer or tuberculosis, state what part of the body was affected. If from septicemia, give the cause of the septicemia, especially for females of child-bearing age. Never report a death from "heart failure"; it is universally discredited as a statement of cause of death. If such a death was due to actual heart disease, state that fact; or if the "heart failure" occurred in the course of diphtheria or other disease, give the name of the disease that caused the "heart failure."

LAW.

The registration of deaths in Minnesota is governed by Chapter 454, Laws of 1907.

Copies of the law and blank certificates of death will be supplied by the Secretary of the State Board of Health, upon request.

Filed in the Office of District Court
St. Louis County, Minn.
February 10, A.D. 1911
Prof. H. H. King, Sec.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PLACE OF DEATH
County of Mille Lacs
Township of _____
or
Village of _____
or
City of Princeton

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 17

FULL NAME John Harvey Elder

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give Special Information below.]

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White
DATE OF BIRTH (Month) (Day) (Year)
1848 April 9 1848
AGE 59 years, 8 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
AGE AT MARRIAGE, NUMBER OF CHILDREN } If married, age at (first) marriage _____ years
Parent of _____ children, of whom _____ are living

BIRTHPLACE (State or country) New York

NAME OF FATHER J. Brown

BIRTHPLACE OF FATHER (State or country) New Hampshire

MAIDEN NAME OF MOTHER Upthegrove

BIRTHPLACE OF MOTHER (State or country) Pennsylvania

OCCUPATION House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Walter Brown

(Address) Princeton Minn (OVER)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
Dec 13 1907

I HEREBY CERTIFY, That I attended deceased from Dec 5, 1907, to Dec 13, 1907, that I last saw her alive on Dec 13, 1907, and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 8 DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed) G. R. Lealey M. D.

Dec 13 1907 (Address) Princeton Minn

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:
Former or usual residence _____ How long at place of death? _____ Days

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

PLACE OF BURIAL OR REMOVAL Princeton Minn DATE OF BURIAL Dec 15 1907

UNDERTAKER C. A. Ross ADDRESS Princeton Minn

Filed Jan 1 1908 G. R. Lealey

Registrar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

(U. S. STANDARD CERTIFICATE OF DEATH, prepared by the Committee of the American Public Health Association and adopted by the U. S. Census Office.)

CERTIFICATE OF DEATH.

(.....)

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LAW.

The registration of deaths in Minnesota is governed by Chapter 454, Laws of 1907.

Copies of the law and blank certificates of death will be supplied by the Secretary of the State Board of Health, upon request.

Filed in the Office of District Court,
Hille Lake County, Minn.

February 10 A.D. 1907

Robt. H. King, Clerk.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PLACE OF DEATH

County of Miller

Township of Princeton

or

Village of _____

or

City of _____ (No. _____, St.; _____ Ward)

Registered No. _____

FULL NAME Anna Maria Ar

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PERSONAL AND STATISTICAL PARTICULARS

SEX	<u>2</u>	COLOR	<u>W</u>
DATE OF BIRTH	(Month) <u>June</u>	(Day) <u>2</u>	(Year) <u>1839</u>
AGE	<u>68</u> years, <u>7</u> months, <u>1</u> days		
SINGLE MARRIED, WIDOWED, OR DIVORCED	<u>M</u>		
AGE AT MARRIAGE, NUMBER OF CHILDREN	If married, age at (first) marriage <u>36</u> years Parent of _____ children, of whom _____ are living		
BIRTHPLACE (State or country)	<u>Warwick Sweden</u>		
NAME OF FATHER	<u>Jonas Olson</u>		
BIRTHPLACE OF FATHER (State or country)	<u>Unknown</u>		
MAIDEN NAME OF MOTHER	<u>Martha Anderson</u>		
BIRTHPLACE OF MOTHER (State or country)	<u>Unknown</u>		
OCCUPATION	<u>Housewife</u>		

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Melker Ar

(Address) Princeton Minn

(OVER)

STATE OF MINNESOTA

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month) <u>Jan</u>	(Day) <u>2</u>	(Year) <u>1908</u>
---------------	--------------------	----------------	--------------------

I HEREBY CERTIFY, That I attended deceased from Mar, 1907, to Jan, 1908, that I last saw h _____ alive on _____, 1908, and that death occurred, on the date stated above, at _____ M.

The CAUSE OF DEATH was as follows:

Valvular heart disease

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed) H. C. Cooney M. D.

1908 (Address) _____

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at place of death? _____ Days

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

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
<u>Berry Cem.</u>	<u>Jan 5</u> 190 <u>8</u>

UNDERTAKER E. A. Ross ADDRESS Princeton Minn

Filed Apr 4 1908 Otto Henschel Registrar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

(U. S. STANDARD CERTIFICATE OF DEATH, prepared by the Committee of the American Public Health Association and adopted by the U. S. Census Office.)

CERTIFICATE OF DEATH.

(.....)

INSTRUCTIONS TO REGISTRAR.—The registered number may be inserted in space above, if desired, for your own convenience. It is recommended, however, that it be entered only on face of certificate, in space provided at upper right-hand corner. It should be entered immediately upon receipt at your office, and the date of filing in your office and your signature as registrar should be entered at the same time on the face of the certificate in the lower right-hand corner.

Please examine the certificate carefully before making out the permit and call the attention of the undertaker or person in charge of the disposition of the body to any omissions. If any item cannot be obtained, the space should not be left blank nor a meaningless dash be used, but the word "Unknown" should be plainly written. Be particularly careful to see that the place of death is correctly stated. If out of your jurisdiction, do not register it, but see that it is filed with the registrar where the death occurred. It is not necessary to give the "Special Information," except for deaths in institutions, etc.

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LAW.

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Copies of the law and blank certificates of death will be supplied by the Secretary of the State Board of Health, upon request.

Filed in the Office of District Court,
Mille Lacs County, Minn.

March 6, A.D. 1909
Robt H. King Clerk.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PLACE OF DEATH

County of Miller
Township of Princeton
or
Village of X
or
City of _____ (No. _____, St.; _____ Ward)

STATE OF MINNESOTA

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 1

FULL NAME David Lenzel Hurley

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PERSONAL AND STATISTICAL PARTICULARS

SEX	M			COLOR	W
DATE OF BIRTH	(Month)	(Day)	(Year)		
	Dec	6	1905		
AGE	2 years, 1 months, 10 days				
SINGLE MARRIED, WIDOWED, OR DIVORCED					
AGE AT MARRIAGE, NUMBER OF CHILDREN		If married, age at (first) marriage _____ years Parent of _____ children, of whom _____ are living			
BIRTHPLACE (State or country) <u>Mini. Miller Co.</u>					
NAME OF FATHER <u>George Hurley</u>					
BIRTHPLACE OF FATHER (State or country) <u>Ind. Jasper Co.</u>					
MAIDEN NAME OF MOTHER <u>Malissa Stone</u>					
BIRTHPLACE OF MOTHER (State or country) <u>Ind. Jasper Co.</u>					
OCCUPATION <u>Farmer</u>					

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Geo. Hurley
(Address) Princeton Mini.
(OVER)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month)	(Day)	(Year)
	Jan	16	1908

I HEREBY CERTIFY, That I attended deceased from Dec 28, 1908, to Jan 16, 1908, that I last saw him alive on Dec 28, 1908, and that death occurred, on the date stated above, at 3:20 P. M. The CAUSE OF DEATH was as follows:

Pneumonia
(DURATION) 21 DAYS

Contributory _____ (DURATION) _____ DAYS
(Signed) G. R. Caley M. D.
1-17-1908 (Address) Princeton Minn.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:
Former or usual residence _____ How long at place of death? _____ Days
Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
<u>Princeton</u>	<u>Jan 18</u> 190 <u>8</u>
UNDERTAKER	ADDRESS
<u>E. A. Ross</u>	<u>Princeton</u>

Filed Jan 20 1908 Otto Henschel
Registrar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

(U. S. STANDARD CERTIFICATE OF DEATH, prepared by the Committee of the American Public Health Association and adopted by the U. S. Census Office.)

CERTIFICATE OF DEATH.

(.....)

INSTRUCTIONS TO REGISTRAR.—The registered number may be inserted in space above, if desired, for your own convenience. It is recommended, however, that it be entered only on face of certificate, in space provided at upper right-hand corner. It should be entered immediately upon receipt at your office, and the date of filing in your office and your signature as registrar should be entered at the same time on the face of the certificate in the lower right-hand corner.

Please examine the certificate carefully before making out the permit and call the attention of the undertaker or person in charge of the disposition of the body to any omissions. If any item cannot be obtained, the space should not be left blank nor a meaningless dash be used, but the word "Unknown" should be plainly written. Be particularly careful to see that the place of death is correctly stated. If out of your jurisdiction, do not register it, but see that it is filed with the registrar where the death occurred. It is not necessary to give the "Special Information," except for deaths in institutions, etc.

Do not fail to mail all certificates of death filed with you to the Secretary of the State Board of Health, St. Paul, Minn., on the fifth (5th) day of the following month.

INSTRUCTIONS TO SUBREGISTRARS.—Licensed embalmers, when duly authorized by the State Board of Health to act as subregistrars, may issue permits to themselves for deaths in villages or townships (but not in cities). They must first have the certificates completely and legibly filled out in ink, and must personally file all certificates with the registrars on or before the third day of the following month without fail. The certificates should not be numbered by the subregistrars, but by the registrars, who record and transmit as if originally filed with them.

DUTY OF UNDERTAKER.—It is the duty of the undertaker or other person in charge of the final disposition of a human body to observe the following requirements of the registration law:

1. He must obtain a certificate of death and have it properly filled out with all of the personal and statistical particulars required by law. This part of the certificate should preferably be signed by a relative or friend of the decedent, or by some competent person acquainted with the facts. It may be signed by the undertaker or by the physician if desired.

2. The certificate containing the above personal particulars must now be presented to the attending physician for the medical certificate of cause of death. If the physician is absent, so that the medical certificate cannot be promptly obtained, the incomplete certificate may be then presented to the registrar with a statement of that fact. The registrar may thereupon, in his discretion, issue a conditional permit, provided the medical certificate be completed at the earliest possible moment. But registrars will exercise especial caution in granting such conditional permits to insure that the death did not result from any infectious disease, requiring sanitary precautions, or from unlawful or suspicious means. If any doubt exists or in the case of a death without medical attendance, the registrar will refer the certificate to the Health Officer or Coroner for investigation and statement of cause of death.

3. The undertaker or person in charge of the disposition of the body must next present the complete certificate of death, containing the medical certificate of cause of death, to the Registrar of the township, village or city where the death occurred, and obtain his permit for the burial or removal of the body before any disposition is made of it.

4. The undertaker should deliver the Registrar's Burial Permit to the Sexton when the interment is made, or, if the body is removed by rail or boat, the Registrar's Removal Permit must be delivered by him to the agent of the transportation company, who must attach it to the box containing the body to accompany it to destination.

DUTY OF SEXTON.—Sextons must not permit an interment until a properly prepared Burial or Removal Permit is delivered by the undertaker or person in charge of the remains. A Removal Permit answers the purpose of a Burial Permit, unless there are local regulations to the contrary.

SUGGESTIONS TO PHYSICIANS.—Physicians are earnestly requested to facilitate the execution of the law, and especially so far as it may be in their power, to aid undertakers in their duty of promptly obtaining a statement of cause of death. Blank certificates will be supplied to all physicians in the State upon request, and may be obtained at any time from the local registrars. Physicians should have a supply of blanks on hand, and in the event of death, kindly leave the medical certificate of cause of death with the family of decedent, or have it ready for the undertaker so that he will not be delayed in obtaining the permit. Compliance with this request, which will remove one of the principal difficulties of prompt registration, will be greatly appreciated.

The statement of cause of death is very important for many reasons. Please be precise and definite in making out the medical certificate. If the death occurred from cancer or tuberculosis, state what part of the body was affected. If from septicemia, give the cause of the septicemia, especially for females of child-bearing age. Never report a death from "heart failure"; it is universally discredited as a statement of cause of death. If such a death was due to actual heart disease, state that fact; or if the "heart failure" occurred in the course of diphtheria or other disease, give the name of the disease that caused the "heart failure."

LAW.

The registration of deaths in Minnesota is governed by Chapter 454, Laws of 1907.

Copies of the law and blank certificates of death will be supplied by the Secretary of the State Board of Health, upon request.

Filed in the Office of District Court,
Mille Lacs County, Minn.

March 6, A.D. 1909
Robt H. King Clerk.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PLACE OF DEATH

County of Miller
Township of Princeton
or
Village of _____
or
City of _____

STATE OF MINNESOTA

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 7

FULL NAME Johanna Mathalia Johnson

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PERSONAL AND STATISTICAL PARTICULARS

SEX 7 COLOR W
DATE OF BIRTH (Month) 6 (Day) 14 (Year) 1863
AGE 44 years, 2 months, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED S.
AGE AT MARRIAGE, NUMBER OF CHILDREN } If married, age at (first) marriage _____ years
Parent of _____ children, of whom _____ are living
BIRTHPLACE (State or country) Skaraborga Lan Sweden
NAME OF FATHER Johannes Johnson
BIRTHPLACE OF FATHER (State or country) Karleley Sweden
MAIDEN NAME OF MOTHER Unknown
BIRTHPLACE OF MOTHER (State or country) _____

OCCUPATION

Companion of home
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) M. A. Carlson
(Address) Princeton Minn
(OVER)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Jan (Day) 23 (Year) 1908

I HEREBY CERTIFY, That I attended deceased from Jan 21, 1908, to Jan 23, 1908, that I last saw her alive on 21, 1908, and that death occurred, on the date stated above, at 4:30 P. M. The CAUSE OF DEATH was as follows:

Carcinoma of Stomach

(DURATION) 2 yrs DAYS
Contributory Hemorrhage from Stomach
(DURATION) 2 DAYS
(Signed) G. R. Coley M. D.
Jan 25 1908 (Address) Princeton Minn

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:
Former or usual residence _____ How long at _____ place of death? _____ Days
Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL Oak Knoll Cem DATE OF BURIAL Jan 26 1908
UNDERTAKER E. A. Ross ADDRESS Princeton

Filed Feb 1 1908 Otto Henschel
Registrar

5-20-07—50,000

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

(U. S. STANDARD CERTIFICATE OF DEATH, prepared by the Committee of the American Public Health Association and adopted by the U. S. Census Office.)

CERTIFICATE OF DEATH.

(.....)

INSTRUCTIONS TO REGISTRAR.—The registered number may be inserted in space above, if desired, for your own convenience. It is recommended, however, that it be entered only on face of certificate, in space provided at upper right-hand corner. It should be entered immediately upon receipt at your office, and the date of filing in your office and your signature as registrar should be entered at the same time on the face of the certificate in the lower right-hand corner.

Please examine the certificate carefully before making out the permit and call the attention of the undertaker or person in charge of the disposition of the body to any omissions. If any item cannot be obtained, the space should not be left blank nor a meaningless dash be used, but the word "Unknown" should be plainly written. Be particularly careful to see that the place of death is correctly stated. If out of your jurisdiction, do not register it, but see that it is filed with the registrar where the death occurred. It is not necessary to give the "Special Information," except for deaths in institutions, etc.

Do not fail to mail all certificates of death filed with you to the Secretary of the State Board of Health, St. Paul, Minn., on the fifth (5th) day of the following month.

INSTRUCTIONS TO SUBREGISTRARS.—Licensed embalmers, when duly authorized by the State Board of Health to act as subregistrars, may issue permits to themselves for deaths in villages or townships (but not in cities). They must first have the certificates completely and legibly filled out in ink, and must personally file all certificates with the registrars on or before the third day of the following month without fail. The certificates should not be numbered by the subregistrars, but by the registrars, who record and transmit as if originally filed with them.

DUTY OF UNDERTAKER.—It is the duty of the undertaker or other person in charge of the final disposition of a human body to observe the following requirements of the registration law:

1. He must obtain a certificate of death and have it properly filled out with all of the personal and statistical particulars required by law. This part of the certificate should preferably be signed by a relative or friend of the decedent, or by some competent person acquainted with the facts. It may be signed by the undertaker or by the physician if desired.

2. The certificate containing the above personal particulars must now be presented to the attending physician for the medical certificate of cause of death. If the physician is absent, so that the medical certificate cannot be promptly obtained, the incomplete certificate may be then presented to the registrar with a statement of that fact. The registrar may thereupon, in his discretion, issue a conditional permit, provided the medical certificate be completed at the earliest possible moment. But registrars will exercise especial caution in granting such conditional permits to insure that the death did not result from any infectious disease, requiring sanitary precautions, or from unlawful or suspicious means. If any doubt exists or in the case of a death without medical attendance, the registrar will refer the certificate to the Health Officer or Coroner for investigation and statement of cause of death.

3. The undertaker or person in charge of the disposition of the body must next present the complete certificate of death, containing the medical certificate of cause of death, to the Registrar of the township, village or city where the death occurred, and obtain his permit for the burial or removal of the body before any disposition is made of it.

4. The undertaker should deliver the Registrar's Burial Permit to the Sexton when the interment is made, or, if the body is removed by rail or boat, the Registrar's Removal Permit must be delivered by him to the agent of the transportation company, who must attach it to the box containing the body to accompany it to destination.

DUTY OF SEXTON.—Sextons must not permit an interment until a properly prepared Burial or Removal Permit is delivered by the undertaker or person in charge of the remains. A Removal Permit answers the purpose of a Burial Permit, unless there are local regulations to the contrary.

SUGGESTIONS TO PHYSICIANS.—Physicians are earnestly requested to facilitate the execution of the law, and especially so far as it may be in their power, to aid undertakers in their duty of promptly obtaining a statement of cause of death. Blank certificates will be supplied to all physicians in the State upon request, and may be obtained at any time from the local registrars. Physicians should have a supply of blanks on hand, and in the event of death, kindly leave the medical certificate of cause of death with the family of decedent, or have it ready for the undertaker so that he will not be delayed in obtaining the permit. Compliance with this request, which will remove one of the principal difficulties of prompt registration, will be greatly appreciated.

The statement of cause of death is very important for many reasons. Please be precise and definite in making out the medical certificate. If the death occurred from cancer or tuberculosis, state what part of the body was affected. If from septicemia, give the cause of the septicemia, especially for females of child-bearing age. Never report a death from "heart failure"; it is universally discredited as a statement of cause of death. If such a death was due to actual heart disease, state that fact; or if the "heart failure" occurred in the course of diphtheria or other disease, give the name of the disease that caused the "heart failure."

LAW.

The registration of deaths in Minnesota is governed by Chapter 454, Laws of 1907.

Copies of the law and blank certificates of death will be supplied by the Secretary of the State Board of Health, upon request.

Filed in the Office of District Court,
Mille Lacs County, Minn.

March 6, A.D. 1909
Robt W. King Clerk.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PLACE OF DEATH

County of Miller Laas

Township of Princeton

or
Village of _____

or
City of _____ (No. _____, St.; _____ Ward)

STATE OF MINNESOTA

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. _____

FULL NAME

Rachel Sanford

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PERSONAL AND STATISTICAL PARTICULARS

SEX	<u>7.</u>	COLOR	<u>W.</u>
DATE OF BIRTH	(Month) <u>10</u>	(Day) <u>2</u>	(Year) <u>1842</u>
AGE	<u>65</u> years, <u>4</u> months, <u>6</u> days		
<input checked="" type="checkbox"/> SINGLE MARRIED. <input type="checkbox"/> WIDOWED, OR DIVORCED			
AGE AT MARRIAGE,	If married, age at (first) marriage <u>24</u> years		
NUMBER OF CHILDREN	Parent of _____ children, of whom <u>10</u> are living		
BIRTHPLACE (State or country)	<u>Stanley Hall, Yates Co., N.Y.</u>		
NAME OF FATHER	<u>H. J. Burk</u>		
BIRTHPLACE OF FATHER (State or country)	<u>Unknown</u>		
MAIDEN NAME OF MOTHER	<u>"</u>		
BIRTHPLACE OF MOTHER (State or country)	<u>"</u>		
OCCUPATION	<u>N.Y.</u>		

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

E. N. Sanford

(Address)

Princeton

(OVER)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month) <u>Feb</u>	(Day) <u>8</u>	(Year) <u>1908</u>
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I HEREBY CERTIFY, That I attended deceased from Jan, 1901, to Feb, 1908, that I last saw her alive on Feb 8, 1908, and that death occurred, on the date stated above, at 5 A. M. The CAUSE OF DEATH was as follows:

Chronic Brights disease

Contributory	<u>Influenza</u>	(DURATION) <u>4 yrs</u> DAYS
(Signed)	<u>T. L. Armitage</u>	M. D.
	<u>190</u>	(Address) <u>Princeton</u>

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at place of death? _____ Days

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

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
<u>Oak Knoll Cem</u>	<u>2-13-</u> 190 <u>8</u>

UNDERTAKER	ADDRESS
<u>E. A. Ross</u>	<u>Princeton</u>

Filed

5-11- 1908

Otto Kenschel
Registrar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

(U. S. STANDARD CERTIFICATE OF DEATH, prepared by the Committee of the American Public Health Association and adopted by the U. S. Census Office.)

CERTIFICATE OF DEATH.

(.....)

INSTRUCTIONS TO REGISTRAR.—The registered number may be inserted in space above, if desired, for your own convenience. It is recommended, however, that it be entered **only on face of certificate**, in space provided at upper right-hand corner. It should be entered immediately upon receipt at your office, and the date of filing in your office and your signature as registrar should be entered at the same time on the face of the certificate in the lower right-hand corner.

Please examine the certificate carefully before making out the permit and call the attention of the undertaker or person in charge of the disposition of the body to any omissions. If any item cannot be obtained, the space should not be left blank nor a meaningless dash be used, but the word "Unknown" should be plainly written. Be particularly careful to see that the place of death is correctly stated. If out of your jurisdiction, do not register it, but see that it is filed with the registrar where the death occurred. It is not necessary to give the "Special Information," except for deaths in institutions, etc.

Do not fail to mail all certificates of death filed with you to the Secretary of the State Board of Health, St. Paul, Minn., on the fifth (5th) day of the following month.

INSTRUCTIONS TO SUBREGISTRARS.—Licensed embalmers, when duly authorized by the State Board of Health to act as subregistrars, may issue permits to themselves for deaths in villages or townships (but not in cities). They must first have the certificates completely and legibly filled out in ink, and must personally file all certificates with the registrars on or before the third day of the following month without fail. The certificates should not be numbered by the subregistrars, but by the registrars, who record and transmit as if originally filed with them.

DUTY OF UNDERTAKER.—It is the duty of the undertaker or other person in charge of the final disposition of a human body to observe the following requirements of the registration law:

1. He must obtain a **certificate of death** and have it properly filled out with all of the **personal and statistical particulars** required by law. This part of the certificate should preferably be signed by a relative or friend of the decedent, or by some competent person acquainted with the facts. It may be signed by the undertaker or by the physician if desired.

2. The certificate containing the above personal particulars must now be presented to the attending physician for the **medical certificate of cause of death**. If the physician is absent, so that the medical certificate cannot be promptly obtained, the incomplete certificate may be then presented to the registrar with a statement of that fact. The registrar may thereupon, in his discretion, issue a conditional permit, provided the medical certificate be completed at the earliest possible moment. But registrars will exercise especial caution in granting such conditional permits to insure that the death did not result from any infectious disease, requiring sanitary precautions, or from unlawful or suspicious means. If any doubt exists or in the case of a death without medical attendance, the registrar will refer the certificate to the Health Officer or Coroner for investigation and statement of cause of death.

3. The undertaker or person in charge of the disposition of the body must next present the complete certificate of death, containing the medical certificate of cause of death, to the Registrar of the township, village or city where the death occurred, and obtain his permit for the burial or removal of the body before any disposition is made of it.

4. The undertaker should deliver the **Registrar's Burial Permit to the Sexton** when the interment is made, or, if the body is removed by rail or boat, the **Registrar's Removal Permit** must be delivered by him to the **agent of the transportation company**, who must attach it to the box containing the body to accompany it to destination.

DUTY OF SEXTON.—Sextons must not permit an interment until a properly prepared Burial or Removal Permit is delivered by the undertaker or person in charge of the remains. A Removal Permit answers the purpose of a Burial Permit, unless there are local regulations to the contrary.

SUGGESTIONS TO PHYSICIANS.—Physicians are earnestly requested to facilitate the execution of the law, and especially so far as it may be in their power, to aid undertakers in their duty of promptly obtaining a statement of cause of death. Blank certificates will be supplied to all physicians in the State upon request, and may be obtained at any time from the local registrars. Physicians should have a supply of blanks on hand, and in the event of death, kindly leave the medical certificate of cause of death with the family of decedent, or have it ready for the undertaker so that he will not be delayed in obtaining the permit. Compliance with this request, which will remove one of the principal difficulties of prompt registration, will be greatly appreciated.

The statement of cause of death is very important for many reasons. Please be precise and definite in making out the medical certificate. If the death occurred from **cancer or tuberculosis**, state what part of the body was affected. If from **septicemia**, give the cause of the septicemia, especially for females of child-bearing age. **Never** report a death from "**heart failure**"; it is universally discredited as a statement of cause of death. If such a death was due to actual heart disease, state that fact; or if the "**heart failure**" occurred in the course of diphtheria or other disease, give the name of the disease that caused the "**heart failure**."

LAW.

The registration of deaths in Minnesota is governed by Chapter 454, Laws of 1907.

Copies of the law and blank certificates of death will be supplied by the Secretary of the State Board of Health, upon request.

Filed in the Office of District Court,
Mills Lac County, Minn.

March 6. A.D. 1909
Robt. W. King Clerk.

READ INSTRUCTIONS ON BACK CAREFULLY

NO. 19

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF DEATH

County of Millelacs

Township of Princeton

OR
Village of _____

OR
City of _____ (No. _____, St.; _____ Ward)

FULL NAME Selina Burke

STATE OF MINNESOTA

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 8

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR W

DATE OF BIRTH (Month) (Day) (Year)
1846

AGE 62 years, _____ months, _____ days

SINGLE, MARRIED
WIDOWED, OR DIVORCED

AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) 15 marriage
Parent of 13 children, of whom 9 are living

BIRTH PLACE (State or Country) Canada

OCCUPATION Housewife

NAME OF FATHER Peter Paul

BIRTHPLACE OF FATHER (State or Country) Canada

MAIDEN NAME OF MOTHER Mary Prur

BIRTHPLACE OF MOTHER (State or Country) Canada

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Wm Burke

(Address) Princeton

(OVER)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 29 19 08
(Month) (Day) (Year)

I attended deceased from Mar 29 19 08, I last saw her alive on Mar 27 19 08, and I HEREBY CERTIFY that death occurred on the date above at 12P M. The DISEASE

CAUSING DEATH [MEANS OF DEATH*] was _____
(Deaths from violence)

Pneumonia Duration in Yrs., Months Days, or Hours 12 da

Resulting in or Aided by: _____

(Signed) G R Caley M. D.

Apr 1 19 08 (Address) Princeton
*State how injury occurred and whether Accidental? Suicidal? Homicidal?

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:
Former or usual Residence _____ How long at place of death? _____ Days

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

PLACE OF BURIAL OR REMOVAL Princeton Minn DATE OF BURIAL _____ 19 _____

UNDERTAKER E A Ross ADDRESS Princeton

Filed Sept 15 19 08 Otto Henschel
Registrar

Address _____

Sub-Registrar.

19

Received

10-22-08. 30,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms that it may be classified. The "Special Information" for persons dying away from home should be given in every instance.

(U. S. STANDARD CERTIFICATE OF DEATH, prepared by the Committee of the American Public Health Association and adopted by the U. S. Census Office.)

CERTIFICATE OF DEATH

(.....)

INSTRUCTIONS TO REGISTRAR.—The registered number may be inserted in space above, if desired, for your own convenience. It is recommended, however, that it be entered only on face of certificate, in space provided at upper right hand corner. It should be entered immediately upon receipt at your office, and the date of filing in your office and your Signature as registrar should be entered at the same time on the face of the certificate in the lower right-hand corner.

Please examine the certificate carefully before making out the permit and call the attention of the undertaker or person in charge of the disposition of the body to any omissions. If any item cannot be obtained, the space should not be left blank nor a meaningless dash be used, but the word "Unknown" should be plainly written. Be careful to see that the place of death is correctly stated. If out of your jurisdiction, do not register it, but see that it is filed with the registrar where the death occurred. It is not necessary to give the "Special Information," except for deaths in institutions, etc.

Do not fail to mail all certificates of death filed with you to the Secretary of the State Board of Health, St. Paul, Minn., before the tenth (10th) day of the following month.

INSTRUCTIONS TO SUBREGISTRARS.—Licensed embalmers, when duly authorized by the State Board of Health to act as sub-registrars, may issue permits to themselves for deaths in villages or townships (but not in cities having a local ordinance requiring burial permits.) They must first have the certificates completely and legibly filled out in ink, they must fill in the date of receipt and sign same in space provided, and must personally file all certificates with the registrars on or before the fourth day of the following month without fail. The certificates should not be numbered by the subregistrars, but by the local registrars, who record and transmit as if originally filed with them.

DUTY OF UNDERTAKER.—It is the duty of the undertaker or other persons in charge of the final disposition of the human body to observe the following requirements of the registration law:

1. He must obtain a certificate of death and have it properly filled out with all of the personal and statistical particulars required by law. This part of the certificate should preferably be signed by a relative or friend of the decedent, or by some competent person acquainted with the facts. It may be signed by the undertaker or by the physician if desired.

2. The certificate containing the above personal particulars must now be presented to the attending physician for the medical certificate of cause of death. If the physician is absent, so that the medical certificate cannot be promptly obtained, the incomplete certificate may then be presented to the registrar with a statement of that fact. The registrar may thereupon, in his discretion, issue a conditional permit, provided the medical certificate be completed at the earliest possible moment. But registrars will exercise special caution in granting such conditional permits to insure that the death did not result from any infectious disease requiring sanitary precaution, nor from unlawful or suspicious means. If any doubt exists or in the case of a death without medical attendance, the registrar will refer the certificate to the health officers or Coroner for investigation and statement of cause of death.

3. The undertaker or the person in charge of the disposition of the body must next present the complete certificate of death, containing the medical certificate of cause of death, to the registrar of the township, village or city where the death occurred, and obtain his permit for the burial or removal of the body before any disposition is made of it.

4. The undertaker should deliver the Registrar's Burial Permit to the Sexton when the interment is made, or, if the body is removed by rail or boat, the Registrar's Removal Permit must be delivered by him to the agent of the transportation company, who must attach it to the box containing the body to accompany it to destination.

DUTY OF SEXTON.—Sextons must not permit an interment until a properly prepared Burial or Removal Permit is delivered by the undertaker or person in charge of the remains. A Removal

Permit answers the purpose of a burial Permit, unless there are local ordinances to the contrary.

SUGGESTIONS TO PHYSICIANS.—Physicians are earnestly requested to facilitate the execution of the law, and especially so far as it may be in their power to aid undertakers in their duty of promptly obtaining a statement of cause of death. Blank certificates will be supplied to all physicians in the State upon request and may be obtained at any time from the local registrars. Physicians should have a supply of blanks on hand, and in the event of death, kindly leave the medical certificate of cause of death with the family of decedent, or have it ready for the undertaker so that he will not be delayed in obtaining the permit. Compliance with this request, which will remove one of the principal difficulties of prompt registration, will be greatly appreciated.

The statement of cause of death is very important for many reasons. Please be precise and definite in making out the medical certificate. If the death occurred from cancer or tuberculosis, state what part of the body was affected. If from septicæmia, give the cause of the septicæmia, especially for females of child-bearing age. Never report a death from "heart failure"; it is universally discredited as a statement of cause of death. If such a death was due to actual heart disease, state that fact; or if the "heart failure" occurred in the course of diphtheria or other disease, give the name of the disease that caused the "heart failure."

LAW

The registration of deaths in Minnesota is governed by Chapter 454 Laws of 1907, and Sec. 2142 Revised Laws.

Copies of the law and blank certificates of death will be supplied by the secretary of the State Board of Health, upon request.

Filed in the Office of District Court,
Mille Lacs County, Minn.

March 6, A. D. 1909
Rob't H. King Clerk.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PLACE OF DEATH

County of Miller
Township of Princeton
or
Village of _____
or
City of _____ (No. _____) St.; _____ Ward)

STATE OF MINNESOTA

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. _____

FULL NAME

Augusta Klingbeil

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>F</u>	COLOR <u>W.</u>
DATE OF BIRTH (Month) <u>Mc</u> (Day) <u>6</u> (Year) <u>1868</u>	
AGE _____ years, _____ months, _____ days	
SINGLE MARRIED, WIDOWED, OR DIVORCED	
AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage <u>24</u> years Parent of <u>✓</u> children, of whom <u>6</u> are living	
BIRTHPLACE (State or country) <u>Princeton</u>	
NAME OF FATHER <u>August Berth</u>	
BIRTHPLACE OF FATHER (State or country) <u>Germany</u>	
MAIDEN NAME OF MOTHER <u>Mary Boyn</u>	
BIRTHPLACE OF MOTHER (State or country) <u>Germany</u>	
OCCUPATION <u>W.</u>	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

Ann Klingbeil

(Address)

Princeton

(OVER)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month) <u>May</u>	(Day) <u>14</u>	(Year) <u>1908</u>
---------------	--------------------	-----------------	--------------------

I HEREBY CERTIFY, That I attended deceased from 5-10-, 1908, to 5-14-, 1908, that I last saw her alive on 5-14-, 1908 and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Erysipelas

(DURATION) 6 DAYS

Contributory

(DURATION) _____ DAYS

(Signed)

W. C. Cooney

M. D.

1908 (Address)

Princeton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at place of death? _____ Days

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

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Luth. Cem., Princeton

5-17- 1908

UNDERTAKER

ADDRESS

George P. Ross

Filed

6-5- 1908

Otto Kenschel

Registrar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

(U. S. STANDARD CERTIFICATE OF DEATH, prepared by the Committee of the American Public Health Association and adopted by the U. S. Census Office.)

CERTIFICATE OF DEATH.

(.....)

INSTRUCTIONS TO REGISTRAR.—The registered number may be inserted in space above, if desired, for your own convenience. It is recommended, however, that it be entered **only on face of certificate**, in space provided at upper right-hand corner. It should be entered immediately upon receipt at your office, and the date of filing in your office and your signature as registrar should be entered at the same time on the face of the certificate in the lower right-hand corner.

Please examine the certificate carefully before making out the permit and call the attention of the undertaker or person in charge of the disposition of the body to any omissions. If any item cannot be obtained, the space should not be left blank nor a meaningless dash be used, but the word "Unknown" should be plainly written. Be particularly careful to see that the place of death is correctly stated. If out of your jurisdiction, do not register it, but see that it is filed with the registrar where the death occurred. It is not necessary to give the "Special Information," except for deaths in institutions, etc.

Do not fail to mail all certificates of death filed with you to the Secretary of the State Board of Health, St. Paul, Minn., on the fifth (5th) day of the following month.

INSTRUCTIONS TO SUBREGISTRARS.—Licensed embalmers, when duly authorized by the State Board of Health to act as subregistrars, may issue permits to themselves for deaths in villages or townships (but not in cities). They must first have the certificates completely and legibly filled out in ink, and must personally file all certificates with the registrars on or before the third day of the following month without fail. The certificates should not be numbered by the subregistrars, but by the registrars, who record and transmit as if originally filed with them.

DUTY OF UNDERTAKER.—It is the duty of the undertaker or other person in charge of the final disposition of a human body to observe the following requirements of the registration law:

1. He must obtain a **certificate of death** and have it properly filled out with all of the **personal and statistical particulars** required by law. This part of the certificate should preferably be signed by a relative or friend of the decedent, or by some competent person acquainted with the facts. It may be signed by the undertaker or by the physician if desired.

2. The certificate containing the above personal particulars must now be presented to the attending physician for the **medical certificate of cause of death**. If the physician is absent, so that the medical certificate cannot be promptly obtained, the incomplete certificate may be then presented to the registrar with a statement of that fact. The registrar may thereupon, in his discretion, issue a conditional permit, provided the medical certificate be completed at the earliest possible moment. But registrars will exercise especial caution in granting such conditional permits to insure that the death did not result from any infectious disease, requiring sanitary precautions, or from unlawful or suspicious means. If any doubt exists or in the case of a death without medical attendance, the registrar will refer the certificate to the Health Officer or Coroner for investigation and statement of cause of death.

3. The undertaker or person in charge of the disposition of the body must next present the complete certificate of death, containing the medical certificate of cause of death, to the Registrar of the township, village or city where the death occurred, and obtain his permit for the burial or removal of the body before any disposition is made of it.

4. The undertaker should deliver the **Registrar's Burial Permit to the Sexton** when the interment is made, or, if the body is removed by rail or boat, the **Registrar's Removal Permit** must be delivered by him to the **agent of the transportation company**, who must attach it to the box containing the body to accompany it to destination.

DUTY OF SEXTON.—Sextons must not permit an interment until a properly prepared Burial or Removal Permit is delivered by the undertaker or person in charge of the remains. A Removal Permit answers the purpose of a Burial Permit, unless there are local regulations to the contrary.

SUGGESTIONS TO PHYSICIANS.—Physicians are earnestly requested to facilitate the execution of the law, and especially so far as it may be in their power, to aid undertakers in their duty of promptly obtaining a statement of cause of death. Blank certificates will be supplied to all physicians in the State upon request, and may be obtained at any time from the local registrars. **Physicians should have a supply of blanks on hand, and in the event of death, kindly leave the medical certificate of cause of death with the family of decedent, or have it ready for the undertaker so that he will not be delayed in obtaining the permit.** Compliance with this request, which will remove one of the principal difficulties of prompt registration, will be greatly appreciated.

The statement of **cause of death** is very important for many reasons. Please be precise and definite in making out the medical certificate. If the death occurred from **cancer or tuberculosis**, state what part of the body was affected. If from **septicemia**, give the cause of the septicemia, especially for females of child-bearing age. **Never report a death from "heart failure";** it is universally discredited as a statement of cause of death. If such a death was due to actual heart disease, state that fact; or if the "heart failure" occurred in the course of diphtheria or other disease, give the name of the disease that caused the "heart failure."

LAW.

The registration of deaths in Minnesota is governed by Chapter 454, Laws of 1907.

Copies of the law and blank certificates of death will be supplied by the Secretary of the State Board of Health, upon request.

Filed in the Office of District Court,
Mille Lacs County, Minn.

March 6 A.D. 1909

Rob't H. King Clerk.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PLACE OF DEATH

County of Mille Lacs
Township of Princeton
or
Village of _____
or
City of _____ (No. _____ St.; _____ Ward)

STATE OF MINNESOTA

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

SEP 16 1908

Registered No. 7

FULL NAME Erie Algot Engsell

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR white
DATE OF BIRTH (Month) (Day) (Year)
Apr 15 1892
AGE
16 years, 3 months, 7 days

SINGLE MARRIED, WIDOWED, OR DIVORCED Single
AGE AT MARRIAGE, NUMBER OF CHILDREN } If married, age at (first) marriage _____ years
Parent of _____ children, of whom _____ are living

BIRTHPLACE (State or country) Springvale, Minn

NAME OF FATHER Erie Engsell

BIRTHPLACE OF FATHER (State or country) Sweden

MAIDEN NAME OF MOTHER Carin Nelson

BIRTHPLACE OF MOTHER (State or country) Sweden

OCCUPATION Schoolmate

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) E. Engsell

(Address) Princeton, Minn

(OVER) Route 4 Box 298

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
July 22 1908

I HEREBY CERTIFY, That I attended deceased from July 20, 1908, to July 22, 1908, that I last saw him alive on July 22, 1908, and that death occurred, on the date stated above, at _____ M. The CAUSE OF DEATH was as follows:

Acute Sugar Diabetes

(DURATION) _____ DAYS

Contributory _____

(DURATION) _____ DAYS

(Signed) H. C. Cooney M. D.

July 23 1908 (Address) Princeton, Minn

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at place of death? _____ Days

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

PLACE OF BURIAL OR REMOVAL Oak Knolls DATE OF BURIAL July 23 1908

UNDERTAKER E. A. Ross ADDRESS Princeton

Filed Sept 5 1908 Otto Herschel

Registrar Princeton

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

(U. S. STANDARD CERTIFICATE OF DEATH, prepared by the Committee of the American Public Health Association and adopted by the U. S. Census Office.)

CERTIFICATE OF DEATH.

(.....)

INSTRUCTIONS TO REGISTRAR.—The registered number may be inserted in space above, if desired, for your own convenience. It is recommended, however, that it be entered only on face of certificate, in space provided at upper right-hand corner. It should be entered immediately upon receipt at your office, and the date of filing in your office and your signature as registrar should be entered at the same time on the face of the certificate in the lower right-hand corner.

Please examine the certificate carefully before making out the permit and call the attention of the undertaker or person in charge of the disposition of the body to any omissions. If any item cannot be obtained, the space should not be left blank nor a meaningless dash be used, but the word "Unknown" should be plainly written. Be particularly careful to see that the place of death is correctly stated. If out of your jurisdiction, do not register it, but see that it is filed with the registrar where the death occurred. It is not necessary to give the "Special Information," except for deaths in institutions, etc.

Do not fail to mail all certificates of death filed with you to the Secretary of the State Board of Health, St. Paul, Minn., on the fifth (5th) day of the following month.

INSTRUCTIONS TO SUBREGISTRARS.—Licensed embalmers, when duly authorized by the State Board of Health to act as subregistrars, may issue permits to themselves for deaths in villages or townships (but not in cities). They must first have the certificates completely and legibly filled out in ink, and must personally file all certificates with the registrars on or before the third day of the following month without fail. The certificates should not be numbered by the subregistrars, but by the registrars, who record and transmit as if originally filed with them.

DUTY OF UNDERTAKER.—It is the duty of the undertaker or other person in charge of the final disposition of a human body to observe the following requirements of the registration law:

1. He must obtain a certificate of death and have it properly filled out with all of the personal and statistical particulars required by law. This part of the certificate should preferably be signed by a relative or friend of the decedent, or by some competent person acquainted with the facts. It may be signed by the undertaker or by the physician if desired.

2. The certificate containing the above personal particulars must now be presented to the attending physician for the medical certificate of cause of death. If the physician is absent, so that the medical certificate cannot be promptly obtained, the incomplete certificate may be then presented to the registrar with a statement of that fact. The registrar may thereupon, in his discretion, issue a conditional permit, provided the medical certificate be completed at the earliest possible moment. But registrars will exercise especial caution in granting such conditional permits to insure that the death did not result from any infectious disease, requiring sanitary precautions, or from unlawful or suspicious means. If any doubt exists or in the case of a death without medical attendance, the registrar will refer the certificate to the Health Officer or Coroner for investigation and statement of cause of death.

3. The undertaker or person in charge of the disposition of the body must next present the complete certificate of death, containing the medical certificate of cause of death, to the Registrar of the township, village or city where the death occurred, and obtain his permit for the burial or removal of the body before any disposition is made of it.

4. The undertaker should deliver the Registrar's Burial Permit to the Sexton when the interment is made, or, if the body is removed by rail or boat, the Registrar's Removal Permit must be delivered by him to the agent of the transportation company, who must attach it to the box containing the body to accompany it to destination.

DUTY OF SEXTON.—Sextons must not permit an interment until a properly prepared Burial or Removal Permit is delivered by the undertaker or person in charge of the remains. A Removal Permit answers the purpose of a Burial Permit, unless there are local regulations to the contrary.

SUGGESTIONS TO PHYSICIANS.—Physicians are earnestly requested to facilitate the execution of the law, and especially so far as it may be in their power, to aid undertakers in their duty of promptly obtaining a statement of cause of death. Blank certificates will be supplied to all physicians in the State upon request, and may be obtained at any time from the local registrars. Physicians should have a supply of blanks on hand, and in the event of death, kindly leave the medical certificate of cause of death with the family of decedent, or have it ready for the undertaker so that he will not be delayed in obtaining the permit. Compliance with this request, which will remove one of the principal difficulties of prompt registration, will be greatly appreciated.

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LAW.

The registration of deaths in Minnesota is governed by Chapter 454, Laws of 1907.

Copies of the law and blank certificates of death will be supplied by the Secretary of the State Board of Health, upon request.

2 Deaths in Princeton Township. - 1908-7.

Filed in the Office of District Court,

Miller Lake County, Minn.

March 6. A.D. 1909
Rob't H. King Clerk.

PLACE OF DEATH

STATE OF MINNESOTA

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

County of Mille LacsTownship of Princeton

OR

Village of _____

OR

City of _____ (No. _____, St.; _____ Ward)

Registered No. _____

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Eabe Dehn

PERSONAL AND STATISTICAL PARTICULARS

SEX	<u>M</u>	COLOR	<u>W</u>
DATE OF BIRTH	(Month) <u>Feb</u>	(Day) <u>6</u>	(Year) <u>1909</u>

AGE _____ years, _____ months, 22 daysSINGLE, MARRIED
WIDOWED, OR DIVORCED

AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) _____ marriage
Parent of _____ children, of whom _____ are living

BIRTH PLACE
(State or Country) Minnesota

OCCUPATION

NAME OF FATHER
Not KnownBIRTHPLACE OF FATHER
(State or Country) "MAIDEN NAME OF MOTHER
Miss Anna DehnBIRTHPLACE OF MOTHER
(State or Country) Germany

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) A Dehn(Address) Princeton Minn

(OVER)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 28 1909
(Month) (Day) (Year)

I attended deceased from _____ 19 _____
to _____ 19 _____, I last saw h _____ alive on
_____ 19 _____, and I HEREBY CERTIFY
that death occurred on the date above at _____ M. The DISEASE

CAUSING DEATH [or MEANS OF DEATH*] was _____
(Deaths from violence) _____
Inflammation of Bowels 6 da

Resulting in _____
or Aided by: _____

(Signed) _____ M. D.

_____ 19 _____ (Address) _____
*State how injury occurred and whether Accidental? Suicidal? Homicidal?

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:
Former or usual Residence _____ How long at _____ place of death? _____ Days

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

PLACE OF BURIAL OR REMOVAL

Princeton

DATE OF BURIAL

Mar 2 1909

UNDERTAKER

ADDRESS

Filed Mar 2 1909 Albert Kuhfield
Registrar

Address _____

READ INSTRUCTIONS ON BACK CAREFULLY

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

H. M.

Sub-Registrar.

19

Received

10-22-08. 30,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated **EXACTLY**, **PHYSICIANS** should state **CAUSE OF DEATH** in plain terms that it may be classified. The "Special Information" for persons dying away from home should be given in every instance.

(U. S. STANDARD CERTIFICATE OF DEATH, prepared by the Committee of the American Public Health Association and adopted by the U. S. Census Office.)

CERTIFICATE OF DEATH

(.....)

INSTRUCTIONS TO REGISTRAR.—The registered number may be inserted in space above, if desired, for your own convenience. It is recommended, however, that it be entered **only on face of certificate**, in space provided at upper right hand corner. It should be entered immediately upon receipt at your office, and the date of filing in your office and your **Signature** as registrar should be entered at the same time on the face of the certificate in the lower right-hand corner.

Please examine the certificate carefully before making out the permit and call the attention of the undertaker or person in charge of the disposition of the body to any omissions. If any item *cannot* be obtained, the space should not be left blank nor a meaningless dash be used, but the word "Unknown" should be plainly written. Be careful to see that the **place of death** is correctly stated. If out of your jurisdiction, do not register it, but see that it is filed with the registrar where the death occurred. It is not necessary to give the "Special Information," except for deaths in institutions, etc.

Do not fail to mail all certificates of death filed with you to the Secretary of the State Board of Health, St. Paul, Minn., before the tenth (10th) day of the following month.

INSTRUCTIONS TO SUBREGISTRARS.—Licensed embalmers, when duly authorized by the State Board of Health to act as sub-registrars, may issue permits to themselves for deaths in villages or townships (but not in cities having a local ordinance requiring burial permits.) They must first have the certificates completely and legibly filled out in ink, they must fill in the date of receipt and sign same in space provided, and must personally file all certificates with the registrars on or before the fourth day of the following month without fail. The certificates should not be numbered by the subregistrars, but by the local registrars, who record and transmit as if originally filed with them.

DUTY OF UNDERTAKER.—It is the duty of the undertaker or other persons in charge of the final disposition of the human body to observe the following requirements of the registration law:

1. He must obtain a **certificate of death** and have it properly filled out with all of the **personal and statistical particulars** required by law. This part of the certificate should preferably be signed by a relative or friend of the decedent, or by some competent person acquainted with the facts. It may be signed by the undertaker or by the physician if desired.

2. The certificate containing the above personal particulars must now be presented to the attending physician for the **medical certificate of cause of death**. If the physician is absent, so that the medical certificate cannot be promptly obtained, the incomplete certificate may then be presented to the registrar with a statement of that fact. The registrar may thereupon, in his discretion, issue a conditional permit, provided the medical certificate be completed at the earliest possible moment. But registrars will exercise special caution in granting such conditional permits to insure that the death did not result from any infectious disease requiring sanitary precaution, nor from unlawful or suspicious means. If any doubt exists or in the case of a death without medical attendance, the registrar will refer the certificate to the health officers or Coroner for investigation and statement of cause of death.

3. The undertaker or the person in charge of the disposition of the body must next present the complete certificate of death, containing the medical certificate of cause of death, to the registrar of the township, village or city where the death occurred, and obtain his permit for the burial or removal of the body before any disposition is made of it.

4. The undertaker should deliver the Registrar's Burial Permit to the Sexton when the interment is made, or, if the the body is removed by rail or boat, the Registrar's Removal Permit must be delivered by him to the agent of the transportation company, who must attach it to the box containing the body to accompany it to destination.

DUTY OF SEXTON.—Sextons must not permit an interment until a properly prepared Burial or Removal Permit is delivered by the undertaker or person in charge of the remains. A Removal

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LAW

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Copies of the law and blank certificates of death will be supplied by the secretary of the State Board of Health, upon request.

Filed in the Office of District Court,
Mille Lacs County, Minn.

February 16, A.D. 1910

Robert H. King, Clerk

PLACE OF DEATH

STATE OF MINNESOTA

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

10

Registered No.

County of Wille lacsTownship of Princeton

OR

Village of

OR

City of (No., St.; Ward)

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Adolph Schimming

PERSONAL AND STATISTICAL PARTICULARS

SEX	<u>M</u>	COLOR	<u>W</u>
DATE OF BIRTH	(Month) <u>Oct</u>	(Day) <u>28</u>	(Year) <u>1883</u>

AGE
25 years, 5 months, days

SINGLE, MARRIED
WIDOWED, OR DIVORCED Single

AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage
Parent of children, of whom are living

BIRTH PLACE
(State or Country) Minnesota

OCCUPATION

NAME OF FATHER
Wm Schimming

BIRTHPLACE OF FATHER
(State or Country) Germany

MAIDEN NAME OF MOTHER
Gusta Gess

BIRTHPLACE OF MOTHER
(State or Country) Germany

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Fred Schimming
Princeton Minn
(Address) (OVER)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
Apr 16 19 09
(Month) (Day) (Year)

I attended deceased from Apr 16 19 09 to Apr 13 19 09, I last saw him alive on Apr 13 19 09, and I HEREBY CERTIFY

that death occurred on the date above at M. THE DISEASE

CAUSING DEATH [or MEANS OF DEATH*] was
(Deaths from violence)
Nephritis
Duration in Yrs., Months Days, or Hours
6 yrs

Resulting in
or Aided by:

(Signed) E. R. Caley M. D.
Apr 17 09 (Address) Princeton
*State how injury occurred and whether Accidental? Suicidal? Homicidal?

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:
Former or How long at
usual Residence place of death? Days

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

PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Princeton Minn Apr 18 09

UNDERTAKER ADDRESS
Geo P Ross Princeton

Filed Apr 20 09 Albert Kuhfield
Registrar

Address

READ INSTRUCTIONS ON BACK CAREFULLY

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

H. M.

Sub-Registrar.

19

Received

10-22-08. 30,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms that it may be classified. The "Special Information" for persons dying away from home should be given in every instance.

(U. S. STANDARD CERTIFICATE OF DEATH, prepared by the Committee of the American Public Health Association and adopted by the U. S. Census Office.)

CERTIFICATE OF DEATH

(.....)

INSTRUCTIONS TO REGISTRAR.—The registered number may be inserted in space above, if desired, for your own convenience. It is recommended, however, that it be entered only on face of certificate, in space provided at upper right hand corner. It should be entered immediately upon receipt at your office, and the date of filing in your office and your Signature as registrar should be entered at the same time on the face of the certificate in the lower right-hand corner.

Please examine the certificate carefully before making out the permit and call the attention of the undertaker or person in charge of the disposition of the body to any omissions. If any item cannot be obtained, the space should not be left blank nor a meaningless dash be used, but the word "Unknown" should be plainly written. Be careful to see that the place of death is correctly stated. If out of your jurisdiction, do not register it, but see that it is filed with the registrar where the death occurred. It is not necessary to give the "Special Information," except for deaths in institutions, etc.

Do not fail to mail all certificates of death filed with you to the Secretary of the State Board of Health, St. Paul, Minn., before the tenth (10th) day of the following month.

INSTRUCTIONS TO SUBREGISTRARS.—Licensed embalmers, when duly authorized by the State Board of Health to act as sub-registrars, may issue permits to themselves for deaths in villages or townships (but not in cities having a local ordinance requiring burial permits.) They must first have the certificates completely and legibly filled out in ink, they must fill in the date of receipt and sign same in space provided, and must personally file all certificates with the registrars on or before the fourth day of the following month without fail. The certificates should not be numbered by the subregistrars, but by the local registrars, who record and transmit as if originally filed with them.

DUTY OF UNDERTAKER.—It is the duty of the undertaker or other persons in charge of the final disposition of the human body to observe the following requirements of the registration law:

1. He must obtain a certificate of death and have it properly filled out with all of the personal and statistical particulars required by law. This part of the certificate should preferably be signed by a relative or friend of the decedent, or by some competent person acquainted with the facts. It may be signed by the undertaker or by the physician if desired.

2. The certificate containing the above personal particulars must now be presented to the attending physician for the medical certificate of cause of death. If the physician is absent, so that the medical certificate cannot be promptly obtained, the incomplete certificate may then be presented to the registrar with a statement of that fact. The registrar may thereupon, in his discretion, issue a conditional permit, provided the medical certificate be completed at the earliest possible moment. But registrars will exercise special caution in granting such conditional permits to insure that the death did not result from any infectious disease requiring sanitary precaution, nor from unlawful or suspicious means. If any doubt exists or in the case of a death without medical attendance, the registrar will refer the certificate to the health officers or Coroner for investigation and statement of cause of death.

3. The undertaker or the person in charge of the disposition of the body must next present the complete certificate of death, containing the medical certificate of cause of death, to the registrar of the township, village or city where the death occurred, and obtain his permit for the burial or removal of the body before any disposition is made of it.

4. The undertaker should deliver the Registrar's Burial Permit to the Sexton when the interment is made, or, if the body is removed by rail or boat, the Registrar's Removal Permit must be delivered by him to the agent of the transportation company, who must attach it to the box containing the body to accompany it to destination.

DUTY OF SEXTON.—Sextons must not permit an interment until a properly prepared Burial or Removal Permit is delivered by the undertaker or person in charge of the remains. A Removal

Permit answers the purpose of a burial Permit, unless there are local ordinances to the contrary.

SUGGESTIONS TO PHYSICIANS.—Physicians are earnestly requested to facilitate the execution of the law, and especially so far as it may be in their power to aid undertakers in their duty of promptly obtaining a statement of cause of death. Blank certificates will be supplied to all physicians in the State upon request and may be obtained at any time from the local registrars. Physicians should have a supply of blanks on hand, and in the event of death, kindly leave the medical certificate of cause of death with the family of decedent, or have it ready for the undertaker so that he will not be delayed in obtaining the permit. Compliance with this request, which will remove one of the principal difficulties of prompt registration, will be greatly appreciated.

The statement of cause of death is very important for many reasons. Please be precise and definite in making out the medical certificate. If the death occurred from cancer or tuberculosis, state what part of the body was affected. If from septicemia, give the cause of the septicemia, especially for females of child-bearing age. Never report a death from "heart failure"; it is universally discredited as a statement of cause of death. If such a death was due to actual heart disease, state that fact; or if the "heart failure" occurred in the course of diphtheria or other disease, give the name of the disease that caused the "heart failure."

LAW

The registration of deaths in Minnesota is governed by Chapter 454 Laws of 1907, and Sec. 2142 Revised Laws.

Copies of the law and blank certificates of death will be supplied by the secretary of the State Board of Health, upon request.

Filed in the Office of District Court,
Mille Lacs County, Minn.

Feb 16,

A. D. 1910

Robt. H. King. Clerk.

STATE OF MINNESOTA

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 11

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PLACE OF DEATH
County of Miss Lac
Township of Princeton
OR
Village of
OR
City of (No. St.; Ward)

FULL NAME Otto Barney Flory

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR W

DATE OF BIRTH (Month) (Day) (Year)
Mar 4 04

AGE 4 years, 11 months, 4 days

SINGLE, MARRIED
WIDOWED, OR DIVORCED

AGE AT MARRIAGE, { If married, age at (first) marriage
NUMBER OF CHILDREN { Parent of children, of whom are living

BIRTH PLACE (State or Country) Princeton

OCCUPATION

NAME OF FATHER Fred J Flory

BIRTH PLACE OF FATHER (State or Country) Germany

MAIDEN NAME OF MOTHER Annie Penny

BIRTH PLACE OF MOTHER (State or Country) St. Augusta

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Fred J Flory

(Address) Princeton

(OVER)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 8 1909
(Month) (Day) (Year)

I attended deceased from 19.....
to 19....., I last saw h..... alive on
..... 19....., and I HEREBY CERTIFY
that death occurred on the date above at M. The DISEASE

CAUSING DEATH { MEANS OF DEATH* } was { Duration in
(Death from violence), } Yrs., Months,
Days, or
Hours

Lobar Pneumonia 7 days

Resulting in or Aided by:

(Signed) Thos L. Armitage M. D.

9/18 1909 (Address) Princeton

*State how injury occurred and whether Accidental Suicidal Homicidal

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual Residence How long at place of death? days

Where was disease contracted, if not at place of death

PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Princeton 10/18 1909

UNDERTAKER ADDRESS

A. E. Ross Princeton

Filed 10/20 1909 Albert Kirkfield

Registrar

Address

READ INSTRUCTIONS ON BACK CAREFULLY

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

H. M.

Sub-Registrar.

19.....

Received.....

N. B.—Every item of information should be carefully supplied. AGE should be stated **EXACTLY**, PHYSICIANS should state **CAUSE OF DEATH** in plain terms that it may be classified. The "Special Information" for persons dying away from home should be given in every instance.

(U. S. STANDARD CERTIFICATE OF DEATH, prepared by the Committee of the American Public Health Association and adopted by the U. S. Census Office.)

CERTIFICATE OF DEATH

(.....)

INSTRUCTIONS TO REGISTRAR.—The registered number may be inserted in space above, if desired, for your own convenience. It is recommended, however, that it be entered only on face of certificate, in space provided at upper right-hand corner. It should be entered immediately upon receipt at your office, and the date of filing in your office and your Signature as registrar should be entered at the same time on the face of the certificate in the lower right-hand corner.

Please examine the certificate carefully before making out the permit and call the attention of the undertaker or person in charge of the disposition of the body to any omissions. If any item *cannot* be obtained, the space should not be left blank nor a meaningless dash be used, but the word "Unknown" should be plainly written. Be careful to see that the place of death is correctly stated. If out of your jurisdiction, do not register it, but see that it is filed with the registrar where the death occurred. It is not necessary to give the "Special Information," except for deaths in institutions, etc.

Do not fail to mail all certificates of death filed with you to the Secretary of the State Board of Health, St. Paul, Minn., before the tenth (10th) day of the following month.

INSTRUCTIONS TO SUB-REGISTRARS.—Licensed embalmers, when duly authorized by the State Board of Health to act as sub-registrars, may issue permits to themselves for deaths in villages or townships (but not in cities having a local ordinance requiring burial permits). They must first have the certificates completely and legibly filled out in ink, they must fill in the date of receipt and sign same in space provided, and must personally file all certificates with the registrars on or before the fourth day of the following month without fail. The certificates should not be numbered by the sub-registrars, but by the local registrars, who record and transmit as if originally filed with them.

DUTY OF UNDERTAKER.—It is the duty of the undertaker or other persons in charge of the final disposition of the human body to observe the following requirements of the registration law:

1. He must obtain a **certificate of death** and have it properly filled out with all of the **personal and statistical particulars** required by law. This part of the certificate should preferably be signed by a relative or friend of the decedent, or by some competent person acquainted with the facts. It may be signed by the undertaker or by the physician if desired.

2. The certificate containing the above personal particulars must now be presented to the attending physician for the **medical certificate of cause of death**. If the physician is absent, so that the medical certificate cannot be promptly obtained, the incomplete certificate may then be presented to the registrar with a statement of that fact. The registrar may thereupon, in his discretion, issue a conditional permit, provided the medical certificate be completed at the earliest possible moment. But registrars will exercise special caution in granting such conditional permits to insure that the death did not result from any infectious disease requiring sanitary precaution, nor from unlawful or suspicious means. If any doubt exists or in the case of a death without medical attendance, the registrar will refer the certificate to the health officers or Coroner for investigation and statement of cause of death.

3. The undertaker or the person in charge of the disposition of the body must next present the complete certificate of death, containing the medical certificate of cause of death, to the registrar of the township, village or city where the death occurred, and obtain his permit for the burial or removal of the body before any disposition is made of it.

4. The undertaker should deliver the Registrar's Burial Permit to the sexton when the interment is made, or, if the body is removed by rail or boat, the Registrar's Removal Permit must be delivered by him to the agent of the transportation company, who must attach it to the box containing the body to accompany it to destination.

DUTY OF SEXTON.—Sextons must not permit an interment until a properly prepared Burial or Removal Permit is delivered by

the undertaker or person in charge of the remains. A Removal Permit answers the purpose of a Burial Permit, unless there are local ordinances to the contrary.

SUGGESTIONS TO PHYSICIANS.—Physicians are earnestly requested to facilitate the execution of the law, and especially so far as it may be in their power to aid undertakers in their duty of promptly obtaining a statement of cause of death. Blank certificates will be supplied to all physicians in the State upon request and may be obtained at any time from the local registrars. Physicians should have a supply of blanks on hand, and in the event of death, kindly leave the medical certificate of cause of death with the family of decedent, or have it ready for the undertaker so that he will not be delayed in obtaining the permit. Compliance with this request, which will remove one of the principal difficulties of prompt registration, will be greatly appreciated.

The statement of **cause of death** is very important for many reasons. Please be precise and definite in making out the medical certificate. If the death occurred from **cancer or tuberculosis**, state what part of the body was affected. If from **septicaemia**, give the cause of the septicaemia, especially for females of child-bearing age. **Never** report a death from "**heart failure**"; it is universally discredited as a statement of cause of death. If such a death was due to actual heart disease, state that fact; or if the "**heart failure**" occurred in the course of diphtheria or other disease, give the name of the disease that caused the "**heart failure**."

LAW

The registration of deaths in Minnesota is governed by Chapter 454 Laws of 1907, and Sec. 2142 Revised Laws.

Copies of the law and blank certificates of death will be supplied by the secretary of the State Board of Health, upon request.

Filed in the Office of District Court,

Miller County, Minn.

February 16, A. D. 1910

Robt. H. King.

Clerk.

READ INSTRUCTIONS ON BACK CAREFULLY

No. 83.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF DEATH

County of Miller
Township of Princeton
OR
Village of
OR
City of (No. St.; Ward)

FULL NAME Augusta Brandemer

STATE OF MINNESOTA

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 12

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR brn
DATE OF BIRTH (Month) (Day) (Year)
Jan 17 1852
AGE 58 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED m
AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) 22 marriage
Parent of 2 children, of whom 7 are living

BIRTH PLACE (State or Country) Germany

OCCUPATION Dom

NAME OF FATHER Fred Behenke

BIRTH PLACE OF FATHER (State or Country) Germany

MAIDEN NAME OF MOTHER Augusta Behenke

BIRTH PLACE OF MOTHER (State or Country) Germany

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mathilda Brandemer
(Address) Princeton
(OVER)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 16 1909
(Month) (Day) (Year)
I attended deceased from Dec 16 1909 to Dec 16 1909, I last saw her alive on Dec 16 1909, and I HEREBY CERTIFY that death occurred on the date above at 530 P M. The DISEASE

CAUSING DEATH { MEANS OF DEATH* { or (Death from violence), { was Duration in Yrs., Months, Days, or Hours

Chronic Bright's Disease 12 yrs

Resulting in or Aided by:

(Signed) G. B. Caley M. D.
12/17 1909 (Address) Princeton

*State how injury occurred and whether Accidental Suicidal Homicidal

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:
Former or usual Residence How long at place of death? days

Where was disease contracted, if not at place of death

PLACE OF BURIAL OR REMOVAL Princeton DATE OF BURIAL Dec 19 1909

UNDERTAKER E. A. Ross ADDRESS Princeton

Filed Dec 17 1909 Albert Kullfield
Registrar

Address

Received 19 Sub-Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms that it may be classified. The "Special Information" for persons dying away from home should be given in every instance.

(U. S. STANDARD CERTIFICATE OF DEATH, prepared by the Committee of the American Public Health Association and adopted by the U. S. Census Office.)

CERTIFICATE OF DEATH

(.....)

INSTRUCTIONS TO REGISTRAR.—The registered number may be inserted in space above, if desired, for your own convenience. It is recommended, however, that it be entered only on face of certificate, in space provided at upper right-hand corner. It should be entered immediately upon receipt at your office, and the date of filing in your office and your Signature as registrar should be entered at the same time on the face of the certificate in the lower right-hand corner.

Please examine the certificate carefully before making out the permit and call the attention of the undertaker or person in charge of the disposition of the body to any omissions. If any item *cannot* be obtained, the space should not be left blank nor a meaningless dash be used, but the word "Unknown" should be plainly written. Be careful to see that the place of death is correctly stated. If out of your jurisdiction do not register it, but see that it is filed with the registrar where the death occurred. It is not necessary to give the "Special Information," except for deaths in institutions, etc.

Do not fail to mail all certificates of death filed with you to the Secretary of the State Board of Health, St. Paul, Minn., before the tenth (10th) day of the following month.

INSTRUCTIONS TO SUB-REGISTRARS.—Licensed embalmers, when duly authorized by the State Board of Health to act as sub-registrars, may issue permits to themselves for deaths in villages or townships (but not in cities having a local ordinance requiring burial permits). They must first have the certificates completely and legibly filled out in ink, they must fill in the date of receipt and sign same in space provided, and must personally file all certificates with the registrars on or before the fourth day of the following month without fail. The certificates should not be numbered by the sub-registrars, but by the local registrars, who record and transmit as if originally filed with them.

DUTY OF UNDERTAKER.—It is the duty of the undertaker or other persons in charge of the final disposition of the human body to observe the following requirements of the registration law:

1. He must obtain a **certificate of death** and have it properly filled out with all of the personal and statistical particulars required by law. This part of the certificate should preferably be signed by a relative or friend of the decedent, or by some competent person acquainted with the facts. It may be signed by the undertaker or by the physician if desired.

2. The certificate containing the above personal particulars must now be presented to the attending physician for the **medical certificate of cause of death**. If the physician is absent, so that the medical certificate cannot be promptly obtained, the incomplete certificate may then be presented to the registrar with a statement of that fact. The registrar may thereupon, in his discretion, issue a conditional permit, provided the medical certificate be completed at the earliest possible moment. But registrars will exercise special caution in granting such conditional permits to insure that the death did not result from any infectious disease requiring sanitary precaution, nor from unlawful or suspicious means. If any doubt exists or in the case of a death without medical attendance, the registrar will refer the certificate to the health officers or Coroner for investigation and statement of cause of death.

3. The undertaker or the person in charge of the disposition of the body must next present the complete certificate of death, containing the medical certificate of cause of death, to the registrar of the township, village or city where the death occurred, and obtain his permit for the burial or removal of the body before any disposition is made of it.

4. The undertaker should deliver the Registrar's Burial Permit to the sexton when the interment is made, or, if the body is removed by rail or boat, the Registrar's Removal Permit must be delivered by him to the agent of the transportation company, who must attach it to the box containing the body to accompany it to destination.

DUTY OF SEXTON.—Sextons must not permit an interment until a properly prepared Burial or Removal Permit is delivered by

the undertaker or person in charge of the remains. A Removal Permit answers the purpose of a burial Permit, unless there are local ordinances to the contrary.

SUGGESTIONS TO PHYSICIANS.—Physicians are earnestly requested to facilitate the execution of the law, and especially so far as it may be in their power to aid undertakers in their duty of promptly obtaining a statement of cause of death. Blank certificates will be supplied to all physicians in the State upon request and may be obtained at any time from the local registrars. Physicians should have a supply of blanks on hand, and in the event of death, kindly leave the medical certificate of cause of death with the family of decedent, or have it ready for the undertaker so that he will not be delayed in obtaining the permit. Compliance with this request, which will remove one of the principal difficulties of prompt registration, will be greatly appreciated.

The statement of cause of death is very important for many reasons. Please be precise and definite in making out the medical certificate. If the death occurred from **cancer or tuberculosis**, state what part of the body was affected. If from **septicaemia**, give the cause of the septicaemia, especially for females of child-bearing age. **Never** report a death from "heart failure"; it is universally discredited as a statement of cause of death. If such a death was due to actual heart disease, state that fact; or if the "heart failure" occurred in the course of diphtheria or other disease, give the name of the disease that caused the "heart failure."

LAW

The registration of deaths in Minnesota is governed by Chapter 454 Laws of 1907, and Sec. 2142 Revised Laws.

Copies of the law and blank certificates of death will be supplied by the secretary of the State Board of Health, upon request.

Filed in the Office of District Court,
Mille Lacs County, Minn.

February 16, A.D. 1910

Clerk.

READ INSTRUCTIONS ON BACK CAREFULLY

No. 83.

PLACE OF DEATH

STATE OF MINNESOTA

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

County of Missile Lake

Township of Princeton

Village of

City of (No. St.; Ward)

Registered No. 13

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Dora Alice Francis

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR Dr

DATE OF BIRTH (Month) (Day) (Year)
4 28 1863

AGE 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage
Parent of 4 children, of whom are living

BIRTH PLACE (State or Country) Ind

OCCUPATION

NAME OF FATHER Thomas Lunn

BIRTH PLACE OF FATHER (State or Country)

MAIDEN NAME OF MOTHER

BIRTH PLACE OF MOTHER (State or Country)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) H. J. Francis

(Address) Princeton

(OVER)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 21 1929
(Month) (Day) (Year)

I attended deceased from Oct 12/21 1929 to 12/21 1929, I last saw h..... alive on 12/21 1929, and I HEREBY CERTIFY that death occurred on the date above at 12 M. The DISEASE

CAUSING DEATH { MEANS OF DEATH* } was { Duration in Yrs., Months, Days, or Hours

Peritoneal + Renal

Resulting in Chronic Tuberculosis
or Aided by: mitral regurgitation

(Signed) N. C. Cooney M. D.

19..... (Address).....
*State how injury occurred and whether Accidental Suicidal Homicidal

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:
Former or usual Residence..... How long at place of death?..... days

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

PLACE OF BURIAL OR REMOVAL Oak Knoll DATE OF BURIAL Dec 23 1929

UNDERTAKER E. A. Ross ADDRESS Princeton

Filed Dec 22 1929 A. Kuhfield Registrar

Address.....

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

Received..... 19..... Sub-Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms that it may be classified. The "Special Information" for persons dying away from home should be given in every instance.

(U. S. STANDARD CERTIFICATE OF DEATH, prepared by the Committee of the American Public Health Association and adopted by the U. S. Census Office.)

CERTIFICATE OF DEATH

(.....)

INSTRUCTIONS TO REGISTRAR.—The registered number may be inserted in space above, if desired, for your own convenience. It is recommended, however, that it be entered only on face of certificate, in space provided at upper right-hand corner. It should be entered immediately upon receipt at your office, and the date of filing in your office and your Signature as registrar should be entered at the same time on the face of the certificate in the lower right-hand corner.

Please examine the certificate carefully before making out the permit and call the attention of the undertaker or person in charge of the disposition of the body to any omissions. If any item cannot be obtained, the space should not be left blank nor a meaningless dash be used, but the word "Unknown" should be plainly written. Be careful to see that the place of death is correctly stated. If out of your jurisdiction, do not register it, but see that it is filed with the registrar where the death occurred. It is not necessary to give the "Special Information," except for deaths in institutions, etc.

Do not fail to mail all certificates of death filed with you to the Secretary of the State Board of Health, St. Paul, Minn., before the tenth (10th) day of the following month.

INSTRUCTIONS TO SUB-REGISTRARS.—Licensed embalmers, when duly authorized by the State Board of Health to act as sub-registrars, may issue permits to themselves for deaths in villages or townships (but not in cities having a local ordinance requiring burial permits). They must first have the certificates completely and legibly filled out in ink, they must fill in the date of receipt and sign same in space provided, and must personally file all certificates with the registrars on or before the fourth day of the following month without fail. The certificates should not be numbered by the sub-registrars, but by the local registrars, who record and transmit as if originally filed with them.

DUTY OF UNDERTAKER.—It is the duty of the undertaker or other persons in charge of the final disposition of the human body to observe the following requirements of the registration law:

1. He must obtain a certificate of death and have it properly filled out with all of the personal and statistical particulars required by law. This part of the certificate should preferably be signed by a relative or friend of the decedent, or by some competent person acquainted with the facts. It may be signed by the undertaker or by the physician if desired.

2. The certificate containing the above personal particulars must now be presented to the attending physician for the medical certificate of cause of death. If the physician is absent, so that the medical certificate cannot be promptly obtained, the incomplete certificate may then be presented to the registrar with a statement of that fact. The registrar may thereupon, in his discretion, issue a conditional permit, provided the medical certificate be completed at the earliest possible moment. But registrars will exercise special caution in granting such conditional permits to insure that the death did not result from any infectious disease requiring sanitary precaution, nor from unlawful or suspicious means. If any doubt exists or in the case of a death without medical attendance, the registrar will refer the certificate to the health officers or Coroner for investigation and statement of cause of death.

3. The undertaker or the person in charge of the disposition of the body must next present the complete certificate of death, containing the medical certificate of cause of death, to the registrar of the township, village or city where the death occurred, and obtain his permit for the burial or removal of the body before any disposition is made of it.

4. The undertaker should deliver the Registrar's Burial Permit to the sexton when the interment is made, or, if the body is removed by rail or boat, the Registrar's Removal Permit must be delivered by him to the agent of the transportation company, who must attach it to the box containing the body to accompany it to destination.

DUTY OF SEXTON.—Sextons must not permit an interment until a properly prepared Burial or Removal Permit is delivered by

the undertaker or person in charge of the remains. A Removal Permit answers the purpose of a Burial Permit, unless there are local ordinances to the contrary.

SUGGESTIONS TO PHYSICIANS.—Physicians are earnestly requested to facilitate the execution of the law, and especially so far as it may be in their power to aid undertakers in their duty of promptly obtaining a statement of cause of death. Blank certificates will be supplied to all physicians in the State upon request and may be obtained at any time from the local registrars. Physicians should have a supply of blanks on hand, and in the event of death, kindly leave the medical certificate of cause of death with the family of decedent, or have it ready for the undertaker so that he will not be delayed in obtaining the permit. Compliance with this request, which will remove one of the principal difficulties of prompt registration, will be greatly appreciated.

The statement of cause of death is very important for many reasons. Please be precise and definite in making out the medical certificate. If the death occurred from cancer or tuberculosis, state what part of the body was affected. If from septicaemia, give the cause of the septicaemia, especially for females of child-bearing age. Never report a death from "heart failure"; it is universally discredited as a statement of cause of death. If such a death was due to actual heart disease, state that fact; or if the "heart failure" occurred in the course of diphtheria or other disease, give the name of the disease that caused the "heart failure."

LAW

The registration of deaths in Minnesota is governed by Chapter 451 Laws of 1907, and Sec. 2142 Revised Laws.

Copies of the law and blank certificates of death will be supplied by the secretary of the State Board of Health, upon request.

Filed in the Office of District Court,
Mille Lacs County, Minn.

February 16, A.D. 1910

Roll. H. King, Clerk

READ INSTRUCTIONS ON BACK CAREFULLY

No. 83.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF DEATH

County of *Miller Lakes*

Township of *Princeton*
OR

Village of
OR

City of (No. St.; Ward)

FULL NAME *John Barthel*

STATE OF MINNESOTA

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. *15*

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PERSONAL AND STATISTICAL PARTICULARS

SEX *M* COLOR *M*

DATE OF BIRTH (Month) (Day) (Year)
1902

AGE *8* years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED *S*

AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage
Parent of children, of whom are living

BIRTH PLACE (State or Country) *Min*

OCCUPATION

NAME OF FATHER *Joe Barthel*

BIRTH PLACE OF FATHER (State or Country) *Germany*

MAIDEN NAME OF MOTHER *S. Sporden*

BIRTH PLACE OF MOTHER (State or Country) *Germany*

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) *Joe Barthel*

(Address) (OVER)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH *Jan 8* 19*10*
(Month) (Day) (Year)

I attended deceased from *Jan 5* 19*10* to *Jan 8* 19*10*, I last saw him alive on *Jan 8* 19*10*, and I HEREBY CERTIFY that death occurred on the date above at *2 P* M. The DISEASE

CAUSING DEATH { MEANS OF DEATH* { was Duration in Yrs., Months, Days, or Hours
(Death from violence) } *Diphtheria* *5 days*

Resulting in or Aided by:

(Signed) *Thos. L. Amittage* M. D. *Jan 8* 19*10* (Address) *Princeton*

*State how injury occurred and whether Accidental Suicidal Homicidal

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual Residence How long at place of death? days

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

PLACE OF BURIAL OR REMOVAL *Princeton* DATE OF BURIAL *Jan 8* 19*10*

UNDERTAKER *Geo. Proso* ADDRESS *Princeton*

Filed *3/1* 19*10* *Albert Kuehnel* Registrar

Address.....

Sub-Registrar.

19

Received.

H. M.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms that it may be classified. The "Special Information" for persons dying away from home should be given in every instance.

(U. S. STANDARD CERTIFICATE OF DEATH, prepared by the Committee of the American Public Health Association and adopted by the U. S. Census Office.)

CERTIFICATE OF DEATH

(.....)

INSTRUCTIONS TO REGISTRAR.—The registered number may be inserted in space above if desired, for your own convenience. It is recommended, however, that it be entered only on face of certificate, in space provided at upper right-hand corner. It should be entered immediately upon receipt at your office, and the date of filing in your office and your Signature as registrar should be entered at the same time on the face of the certificate in the lower right-hand corner.

Please examine the certificate carefully before making out the permit and call the attention of the undertaker or person in charge of the disposition of the body to any omissions. If any item *cannot* be obtained, the space should not be left blank nor a meaningless dash be used, but the word "Unknown" should be plainly written. Be careful to see that the place of death is correctly stated. If out of your jurisdiction, do not register it, but see that it is filed with the registrar where the death occurred. It is not necessary to give the "Special Information," except for deaths in institutions, etc.

Do not fail to mail all certificates of death filed with you to the Secretary of the State Board of Health, St. Paul, Minn., before the tenth (10th) day of the following month.

INSTRUCTIONS TO SUB-REGISTRARS.—Licensed embalmers, when duly authorized by the State Board of Health to act as sub-registrars, may issue permits to themselves for deaths in villages or townships (but not in cities having a local ordinance requiring burial permits). They must first have the certificates completely and legibly filled out in ink, they must fill in the date of receipt and sign same in space provided, and must personally file all certificates with the registrars on or before the fourth day of the following month without fail. The certificates should not be numbered by the sub-registrars, but by the local registrars, who record and transmit as if originally filed with them.

DUTY OF UNDERTAKER.—It is the duty of the undertaker or other persons in charge of the final disposition of the human body to observe the following requirements of the registration law:

1. He must obtain a **certificate of death** and have it properly filled out with all of the **personal and statistical particulars** required by law. This part of the certificate should preferably be signed by a relative or friend of the decedent, or by some competent person acquainted with the facts. It may be signed by the undertaker or by the physician if desired.

2. The certificate containing the above personal particulars must now be presented to the attending physician for the **medical certificate of cause of death**. If the physician is absent, so that the medical certificate cannot be promptly obtained, the incomplete certificate may then be presented to the registrar with a statement of that fact. The registrar may thereupon, in his discretion, issue a conditional permit, provided the medical certificate be completed at the earliest possible moment. But registrars will exercise special caution in granting such conditional permits to insure that the death did not result from any infectious disease requiring sanitary precaution, nor from unlawful or suspicious means. If any doubt exists or in the case of a death without medical attendance, the registrar will refer the certificate to the health officers or Coroner for investigation and statement of cause of death.

3. The undertaker or the person in charge of the disposition of the body must next present the complete certificate of death, containing the medical certificate of cause of death, to the registrar of the township, village or city where the death occurred, and obtain his permit for the burial or removal of the body before any disposition is made of it.

4. The undertaker should deliver the **Registrar's Burial Permit** to the sexton when the interment is made, or, if the body is removed by rail or boat, the **Registrar's Removal Permit** must be delivered by him to the agent of the transportation company, who must attach it to the box containing the body to accompany it to destination.

DUTY OF SEXTON.—Sextons must not permit an interment until a properly prepared Burial or Removal Permit is delivered by

the undertaker or person in charge of the remains. A Removal Permit answers the purpose of a Burial Permit, unless there are local ordinances to the contrary.

SUGGESTIONS TO PHYSICIANS.—Physicians are earnestly requested to facilitate the execution of the law, and especially so far as it may be in their power to aid undertakers in their duty of promptly obtaining a statement of cause of death. Blank certificates will be supplied to all physicians in the State upon request and may be obtained at any time from the local registrars. Physicians should have a supply of blanks on hand, and in the event of death, kindly leave the medical certificate of cause of death with the family of decedent, or have it ready for the undertaker so that he will not be delayed in obtaining the permit. Compliance with this request, which will remove one of the principal difficulties of prompt registration, will be greatly appreciated.

The statement of cause of death is very important for many reasons. Please be precise and definite in making out the medical certificate. If the death occurred from **cancer or tuberculosis**, state what part of the body was affected. If from **septicaemia**, give the cause of the septicaemia, especially for females of child-bearing age. **Never** report a death from "**heart failure**"; it is universally discredited as a statement of cause of death. If such a death was due to actual heart disease, state that fact; or if the "**heart failure**" occurred in the course of diphtheria or other disease, give the name of the disease that caused the "**heart failure**."

LAW

The registration of deaths in Minnesota is governed by Chapter 454 Laws of 1907, and Sec. 2142 Revised Laws.

Copies of the law and blank certificates of death will be supplied by the secretary of the State Board of Health, upon request.

Filed in the Office of District Court,
Mille Lacs County, Minn.
February 10, A. D. 1911
E. H. King. Clerk.

READ INSTRUCTIONS ON BACK CAREFULLY

No. 83.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF DEATH

County of Mille Lacs
 Township of Princeton
 OR
 Village of
 OR
 City of (No. St.; Ward)

STATE OF MINNESOTA

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 16

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Lizzie Barthel

PERSONAL AND STATISTICAL PARTICULARS

SEX 2 COLOR or
 DATE OF BIRTH (Month) (Day) (Year)
1895

AGE 15 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED 8

AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage
 Parent of children, of whom are living

BIRTH PLACE (State or Country) Princeton

OCCUPATION

NAME OF FATHER Joe Barthel

BIRTH PLACE OF FATHER (State or Country) Germany

MAIDEN NAME OF MOTHER S. Spoden

BIRTH PLACE OF MOTHER (State or Country) Germany

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Joe Barthel

(Address) (OVER)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 2 1910
 (Month) (Day) (Year)

I attended deceased from Jan 5 1910 to 2/2 1910, I last saw h..... alive on 2/2 1910, and I HEREBY CERTIFY that death occurred on the date above at 4:10 P. M. The DISEASE

CAUSING DEATH { MEANS OF DEATH* { was Duration in Yrs., Months, Days, or Hours

Acute Nephritis

Resulting in or Aided by: Diphtheria

(Signed) Thos L. Ramsey M. D.

410 1910 (Address) Princeton
 *State how injury occurred and whether Accidental Suicidal Homicidal

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual Residence How long at place of death? days

Where was disease contracted, if not at place of death

PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Princeton 2/16 1910

UNDERTAKER ADDRESS

Geo Ross Princeton

Filed 3/1 1910 Albert Kuff Registrar

Address

Received 19..... Sub-Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated **EXACTLY**, PHYSICIANS should state **CAUSE OF DEATH** in plain terms that it may be classified. The "Special Information" for persons dying away from home should be given in every instance.

(U. S. STANDARD CERTIFICATE OF DEATH, prepared by the Committee of the American Public Health Association and adopted by the U. S. Census Office.)

CERTIFICATE OF DEATH

(.....)

INSTRUCTIONS TO REGISTRAR.—The registered number may be inserted in space above, if desired, for your own convenience. It is recommended, however, that it be entered only on face of certificate, in space provided at upper right-hand corner. It should be entered immediately upon receipt at your office, and the date of filing in your office and your Signature as registrar should be entered at the same time on the face of the certificate in the lower right-hand corner.

Please examine the certificate carefully before making out the permit and call the attention of the undertaker or person in charge of the disposition of the body to any omissions. If any item *cannot* be obtained, the space should not be left blank nor a meaningless dash be used, but the word "Unknown" should be plainly written. Be careful to see that the place of death is correctly stated. If out of your jurisdiction, do not register it, but see that it is filed with the registrar where the death occurred. It is not necessary to give the "Special Information," except for deaths in institutions, etc.

Do not fail to mail all certificates of death filed with you to the Secretary of the State Board of Health, St. Paul, Minn., before the tenth (10th) day of the following month.

INSTRUCTIONS TO SUB-REGISTRARS.—Licensed embalmers, when duly authorized by the State Board of Health to act as sub-registrars, may issue permits to themselves for deaths in villages or townships (but not in cities having a local ordinance requiring burial permits). They must first have the certificates completely and legibly filled out in ink, they must fill in the date of receipt and sign same in space provided, and must personally file all certificates with the registrars on or before the fourth day of the following month without fail. The certificates should not be numbered by the sub-registrars, but by the local registrars, who record and transmit as if originally filed with them.

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1. He must obtain a **certificate of death** and have it properly filled out with all of the **personal and statistical particulars** required by law. This part of the certificate should preferably be signed by a relative or friend of the decedent, or by some competent person acquainted with the facts. It may be signed by the undertaker or by the physician if desired.

2. The certificate containing the above personal particulars must now be presented to the attending physician for the **medical certificate of cause of death**. If the physician is absent, so that the medical certificate cannot be promptly obtained, the incomplete certificate may then be presented to the registrar with a statement of that fact. The registrar may thereupon, in his discretion, issue a conditional permit, provided the medical certificate be completed at the earliest possible moment. But registrars will exercise special caution in granting such conditional permits to insure that the death did not result from any infectious disease requiring sanitary precaution, nor from unlawful or suspicious means. If any doubt exists or in the case of a death without medical attendance, the registrar will refer the certificate to the health officers or Coroner for investigation and statement of cause of death.

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4. The undertaker should deliver the **Registrar's Burial Permit** to the sexton when the interment is made, or, if the body is removed by rail or boat, the **Registrar's Removal Permit** must be delivered by him to the agent of the transportation company, who must attach it to the box containing the body to accompany it to destination.

DUTY OF SEXTON.—Sextons must not permit an interment until a properly prepared Burial or Removal Permit is delivered by

the undertaker or person in charge of the remains. A Removal Permit answers the purpose of a burial Permit, unless there are local ordinances to the contrary.

SUGGESTIONS TO PHYSICIANS.—Physicians are earnestly requested to facilitate the execution of the law, and especially so far as it may be in their power to aid undertakers in their duty of promptly obtaining a statement of cause of death. Blank certificates will be supplied to all physicians in the State upon request and may be obtained at any time from the local registrars. Physicians should have a supply of blanks on hand, and in the event of death, kindly leave the medical certificate of cause of death with the family of decedent, or have it ready for the undertaker so that he will not be delayed in obtaining the permit. Compliance with this request, which will remove one of the principal difficulties of prompt registration, will be greatly appreciated.

The statement of **cause of death** is very important for many reasons. Please be precise and definite in making out the medical certificate. If the death occurred from **cancer or tuberculosis**, state what part of the body was affected. If from **septicaemia**, give the cause of the septicaemia, especially for females of child-bearing age. **Never report a death from "heart failure";** it is universally discredited as a statement of cause of death. If such a death was due to actual heart disease, state that fact; or if the "heart failure" occurred in the course of diphtheria or other disease, give the name of the disease that caused the "heart failure."

LAW

The registration of deaths in Minnesota is governed by Chapter 454 Laws of 1907, and Sec. 2142 Revised Laws.

Copies of the law and blank certificates of death will be supplied by the secretary of the State Board of Health, upon request.

Filed in the Office of District Court,
Mills Lake County, Minn.
February 10 A. D. 1911
Thos. H. King, Clerk.

READ INSTRUCTIONS ON BACK CAREFULLY

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF DEATH

County of *Miller Lakes*Township of *Princeton*
ORVillage of
OR

City of (No. St.; Ward)

FULL NAME *Wm Simpson*Registered No. *14*

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PERSONAL AND STATISTICAL PARTICULARS

SEX *M* COLOR *br*DATE OF BIRTH (Month) (Day) (Year)
*6 27 1827*AGE *83* years, *8* months, *5* daysSINGLE, MARRIED
WIDOWED, OR DIVORCED *M*AGE AT MARRIAGE. (If married, age at (first) marriage)
NUMBER OF CHILDREN { Parent of children, of whom are livingBIRTH PLACE (State or Country) *Vermont*OCCUPATION *Carpenter*

NAME OF FATHER

BIRTH PLACE OF FATHER (State or Country)

MAIDEN NAME OF MOTHER

BIRTH PLACE OF MOTHER (State or Country)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) *Nugh Steeven*(Address) *Princeton*

(OVER)

STATE OF MINNESOTA

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH *2 20 1910*
(Month) (Day) (Year)I attended deceased from 19.....
to 19....., I last saw h..... alive on
..... 19....., and I HEREBY CERTIFY
that death occurred on the date above at M. The DISEASECAUSING DEATH { MEANS OF DEATH* { was Duration in
(Death from violence) { Yrs., Months,
Days, or
Hours*Chronic Mitral Disease*Resulting in *regurgitation*
or Aided by:(Signed) *A. Le Corney* M. D.

..... 19..... (Address)

*State how injury occurred and whether Accidental Suicidal Homicidal

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual Residence How long at place of death? days

Where was disease contracted, if not at place of death

PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Princeton *2/23 1910*

UNDERTAKER ADDRESS

E. G. Roso *Princeton*Filed *2/22 1910* *Albert Ruhfield*

Address Registrar

Address

Sub-Registrar.

19

Received

H M.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms that it may be classified. The "Special Information" for persons dying away from home should be given in every instance.

(U. S. STANDARD CERTIFICATE OF DEATH, prepared by the Committee of the American Public Health Association and adopted by the U. S. Census Office.)

CERTIFICATE OF DEATH

(.....)

INSTRUCTIONS TO REGISTRAR.—The registered number may be inserted in space above, if desired, for your own convenience. It is recommended, however, that it be entered only on face of certificate, in space provided at upper right-hand corner. It should be entered immediately upon receipt at your office, and the date of filing in your office and your Signature as registrar should be entered at the same time on the face of the certificate in the lower right-hand corner.

Please examine the certificate carefully before making out the permit and call the attention of the undertaker or person in charge of the disposition of the body to any omissions. If any item *cannot* be obtained, the space should not be left blank nor a meaningless dash be used, but the word "Unknown" should be plainly written. Be careful to see that the place of death is correctly stated. If out of your jurisdiction, do not register it, but see that it is filed with the registrar where the death occurred. It is not necessary to give the "Special Information," except for deaths in institutions, etc.

Do not fail to mail all certificates of death filed with you to the Secretary of the State Board of Health, St. Paul, Minn., before the tenth (10th) day of the following month.

INSTRUCTIONS TO SUB-REGISTRARS.—Licensed embalmers, when duly authorized by the State Board of Health to act as sub-registrars, may issue permits to themselves for deaths in villages or townships (but not in cities having a local ordinance requiring burial permits). They must first have the certificates completely and legibly filled out in ink, they must fill in the date of receipt and sign same in space provided, and must personally file all certificates with the registrars on or before the fourth day of the following month without fail. The certificates should not be numbered by the sub-registrars, but by the local registrars, who record and transmit as if originally filed with them.

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2. The certificate containing the above personal particulars must now be presented to the attending physician for the **medical certificate of cause of death**. If the physician is absent, so that the medical certificate cannot be promptly obtained, the incomplete certificate may then be presented to the registrar with a statement of that fact. The registrar may thereupon, in his discretion, issue a conditional permit, provided the medical certificate be completed at the earliest possible moment. But registrars will exercise special caution in granting such conditional permits to insure that the death did not result from any infectious disease requiring sanitary precaution, nor from unlawful or suspicious means. If any doubt exists or in the case of a death without medical attendance, the registrar will refer the certificate to the health officers or Coroner for investigation and statement of cause of death.

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4. The undertaker should deliver the Registrar's Burial Permit to the sexton when the interment is made, or, if the body is removed by rail or boat, the Registrar's Removal Permit must be delivered by him to the agent of the transportation company, who must attach it to the box containing the body to accompany it to destination.

DUTY OF SEXTON.—Sextons must not permit an interment until a properly prepared Burial or Removal Permit is delivered by

the undertaker or person in charge of the remains. A Removal Permit answers the purpose of a burial Permit, unless there are local ordinances to the contrary.

SUGGESTIONS TO PHYSICIANS.—Physicians are earnestly requested to facilitate the execution of the law, and especially so far as it may be in their power to aid undertakers in their duty of promptly obtaining a statement of cause of death. Blank certificates will be supplied to all physicians in the State upon request and may be obtained at any time from the local registrars. Physicians should have a supply of blanks on hand, and in the event of death, kindly leave the medical certificate of cause of death with the family of decedent, or have it ready for the undertaker so that he will not be delayed in obtaining the permit. Compliance with this request, which will remove one of the principal difficulties of prompt registration, will be greatly appreciated.

The statement of cause of death is very important for many reasons. Please be precise and definite in making out the medical certificate. If the death occurred from **cancer or tuberculosis**, state what part of the body was affected. If from **septicaemia**, give the cause of the septicaemia, especially for females of child-bearing age. **Never** report a death from "**heart failure**"; it is universally discredited as a statement of cause of death. If such a death was due to actual heart disease, state that fact; or if the "**heart failure**" occurred in the course of diphtheria or other disease, give the name of the disease that caused the "**heart failure**."

LAW

The registration of deaths in Minnesota is governed by Chapter 454 Laws of 1907, and Sec. 2142 Revised Laws.

Copies of the law and blank certificates of death will be supplied by the secretary of the State Board of Health, upon request.

Filed in the Office of District Court,
St. Paul, Minn.,
February 10 A.D. 1911
Chas. H. King, Clerk.

READ INSTRUCTIONS ON BACK CAREFULLY

NO. 20

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF DEATH

County of Mille Lacs

Township of Princeton

OR

Village of _____

OR

City of _____

(No. _____, _____ St.; _____ Ward)

FULL NAME Betty S Hastings

STATE OF MINNESOTA

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 19

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PERSONAL AND STATISTICAL PARTICULARS

SEX 7 COLOR N

DATE OF BIRTH (Month) (Day) (Year)
Dec 3 1818

AGE 91 years, _____ months, _____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) _____ marriage
Parent of _____ children, of whom _____ are living

BIRTH PLACE (State or Country) Vermont

OCCUPATION _____

NAME OF FATHER Barto

BIRTHPLACE OF FATHER (State or Country) Vt.

MAIDEN NAME OF MOTHER Santford

BIRTHPLACE OF MOTHER (State or Country) Vt.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) N. G. McVicker

(Address) _____

(OVER)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4 1910
(Month) (Day) (Year)

I attended deceased from _____ 19_____, I last saw h_____ alive on _____ 19_____, and I HEREBY CERTIFY that death occurred on the date above at 4.15 P.M. The DISEASE

CAUSING DEATH [or MEANS OF DEATH*] was _____ Duration in Yrs., Months Days, or Hours

died of old age
no previous sickness

Resulting in or Aided by: _____

(Signed) No doctor in attendance -M. D.

*State how injury occurred and whether Accidental? Suicidal? Homicidal?

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual Residence _____ How long at place of death? _____ Days

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

PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Princeton Minn Apr. 6 1910

UNDERTAKER ADDRESS
Geo. P. Ross Princeton

Filed June 10, 1910 Jos Johnson

Address Princeton, Minn. Registrar

Sub-Registrar.

19

Received

10-22-08. 30,000.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms that it may be classified. The "Special Information" for persons dying away from home should be given in every instance.

(U. S. STANDARD CERTIFICATE OF DEATH, prepared by the Committee of the American Public Health Association and adopted by the U. S. Census Office.)

CERTIFICATE OF DEATH

(.....)

INSTRUCTIONS TO REGISTRAR.—The registered number may be inserted in space above, if desired, for your own convenience. It is recommended, however, that it be entered only on face of certificate, in space provided at upper right hand corner. It should be entered immediately upon receipt at your office, and the date of filing in your office and your Signature as registrar should be entered at the same time on the face of the certificate in the lower right-hand corner.

Please examine the certificate carefully before making out the permit and call the attention of the undertaker or person in charge of the disposition of the body to any omissions. If any item cannot be obtained, the space should not be left blank nor a meaningless dash be used, but the word "Unknown" should be plainly written. Be careful to see that the place of death is correctly stated. If out of your jurisdiction, do not register it, but see that it is filed with the registrar where the death occurred. It is not necessary to give the "Special Information," except for deaths in institutions, etc.

Do not fail to mail all certificates of death filed with you to the Secretary of the State Board of Health, St. Paul, Minn., before the tenth (10th) day of the following month.

INSTRUCTIONS TO SUBREGISTRARS.—Licensed embalmers, when duly authorized by the State Board of Health to act as sub-registrars, may issue permits to themselves for deaths in villages or townships (but not in cities having a local ordinance requiring burial permits.) They must first have the certificates completely and legibly filled out in ink, they must fill in the date of receipt and sign same in space provided, and must personally file all certificates with the registrars on or before the fourth day of the following month without fail. The certificates should not be numbered by the subregistrars, but by the local registrars, who record and transmit as if originally filed with them.

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LAW

The registration of deaths in Minnesota is governed by Chapter 454 Laws of 1907, and Sec. 2142 Revised Laws.

Copies of the law and blank certificates of death will be supplied by the secretary of the State Board of Health, upon request.

Filed in the Office of District Court,
Hennepin County, Minn.
February 10 A.D. 1911
Robt. L. King, Clerk.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

READ INSTRUCTIONS ON BACK CAREFULLY

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County Miller
 Township Princeton
 or
 Village
 or
 City (No. St.; Ward)

2 FULL NAME

Salma Berk

STATE OF MINNESOTA

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No.

[If death occurred
in a hospital or
institution, give
its NAME instead
of street and
number]

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>M</u>	4 Color or Race <u>W</u>	5 Single, Married, Widowed, or Divorced. (Write the word)	16 DATE OF DEATH <u>Apr 25</u> , 191 <u>0</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>Aug 18</u> , 189 <u>2</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>Apr 19</u> , 191 <u>0</u> , to <u>Apr 25</u> , 191 <u>0</u> , that I last saw h..... alive on <u>Apr 25</u> , 191 <u>0</u> , and that death occurred, on the date stated above, at.....m. The CAUSE OF DEATH* was as follows: <u>Pulmonary tuberculosis</u>	
7 AGE <u>18</u> yrs.....mos.....ds. If LESS than 1 day,hrs. ormin.?			(Duration).....yrs.....mos.....ds.	
8 OCCUPATION (a) Trade, Profession, or particular kind of work..... (b) General nature of industry, business, or establishment in which employed (or employer).....			Contributory..... Secondary..... (Duration).....yrs.....mos.....ds.	
9 BIRTHPLACE (State or country) <u>Wisconsin</u>			(Signed) <u>W. C. Rooney</u> , M. D., 191..... (Address).....	
10 Name of Father <u>Wm. Berk</u>			*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
11 Birthplace of Father (State or country) <u>Wisconsin</u>			18 LENGTH OF RESIDENCE (for Hospitals, Institutions, Transients, or Recent Residents) At place yrs. mos. ds. In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, If not at place of death?..... Former or usual residence	
12 Maiden Name of Mother <u>Salma Trombey</u>			19 PLACE OF BURIAL OR REMOVAL <u>Princeton</u>	
13 Birthplace of Mother (State or country) <u>Wisconsin</u>			DATE OF BURIAL <u>Apr 27</u> , 191 <u>0</u>	
14 The above is true to the best of my knowledge (Informant) <u>Wm. Berk</u> (Address)			20 UNDERTAKER <u>Geo P. Ross</u>	
15 Filed <u>7/5</u> , 191 <u>0</u> <u>J. H. Johnson</u> Registrar Address			ADDRESS <u>Princeton</u>	

Received 19..... Sub-Registrar

H. M.

N. B.—Every item of information should be carefully supplied. AGE should be stated **EXACTLY**, PHYSICIANS should state **CAUSE OF DEATH** in plain terms that it may be classified. The "Special Information" for persons dying away from home should be given in every instance.

(U. S. STANDARD CERTIFICATE OF DEATH, prepared by the Committee of the American Public Health Association and adopted by the U. S. Census Office.)

CERTIFICATE OF DEATH

(.....)

INSTRUCTIONS TO REGISTRAR.—The registered number may be inserted in space above, if desired, for your own convenience. It is recommended, however, that it be entered only on face of certificate, in space provided at upper right-hand corner. It should be entered immediately upon receipt at your office, and the date of filing in your office and your Signature as registrar should be entered at the same time on the face of the certificate in the lower right-hand corner.

Please examine the certificate carefully before making out the permit and call the attention of the undertaker or person in charge of the disposition of the body to any omissions. If any item cannot be obtained, the space should not be left blank nor a meaningless dash be used, but the word "Unknown" should be plainly written. Be careful to see that the place of death is correctly stated. If out of your jurisdiction, do not register it, but see that it is filed with the registrar where the death occurred. It is not necessary to give the "Special Information," except for deaths in institutions, etc.

Do not fail to mail all certificates of death filed with you to the Secretary of the State Board of Health, St. Paul, Minn., before the tenth (10th) day of the following month.

INSTRUCTIONS TO SUB-REGISTRARS.—Licensed embalmer, when duly authorized by the State Board of Health to act as sub-registrars, may issue permits to themselves for deaths in villages or townships (but not in cities having a local ordinance requiring burial permits). They must first have the certificates completely and legibly filled out in ink, they must fill in the date of receipt and sign same in space provided, and must personally file all certificates with the registrars on or before the fourth day of the following month without fail. The certificates should not be numbered by the sub-registrars, but by the local registrars, who record and transmit as if originally filed with them.

DUTY OF UNDERTAKER.—It is the duty of the undertaker or other persons in charge of the final disposition of the human body to observe the following requirements of the registration law:

1. He must obtain a **certificate of death** and have it properly filled out with all the **personal and statistical particulars** required by law. This part of the certificate should preferably be signed by a relative or friend of the decedent, or by some competent person acquainted with the facts. It may be signed by the undertaker or by the physician if desired.

2. The certificate containing the above personal particulars must now be presented to the attending physician for the **Medical certificate of cause of death**. If the physician is absent, so that the medical certificate cannot be promptly obtained, the incomplete certificate may then be presented to the registrar with a statement of that fact. The registrar may thereupon, in his discretion, issue a conditional permit, provided the medical certificate be completed at the earliest possible moment. But registrars will exercise special caution in granting such conditional permits to insure that the death did not result from any infectious disease requiring sanitary precaution, nor from unlawful or suspicious means. If any doubt exists or in the case of a death without medical attendance, the registrar

will refer the certificate to the health officers or Coroner for investigation and statement of cause of death.

3. The undertaker or the person in charge of the disposition of the body must next present the complete certificate of death, containing the medical certificate of cause of death, to the registrar of the township, village or city where the death occurred, and obtain his permit for the burial or removal of the body before any disposition is made of it.

4. The undertaker should deliver the Registrar's Burial Permit to the sexton when the interment is made, or, if the body is removed by rail or boat, the Registrar's Removal Permit must be delivered by him to the agent of the transportation company, who must attach it to the box containing the body to accompany it to destination.

DUTY OF SEXTON.—Sexton must not permit an interment until a properly prepared Burial or Removal Permit is delivered by the undertaker or person in charge of the remains. A removal Permit answers the purpose of a burial Permit, unless there are local ordinances to the contrary.

SUGGESTIONS TO PHYSICIANS.—Physicians are earnestly requested to facilitate the execution of the law, and especially so far as it may be in their power to aid undertakers in their duty of promptly obtaining a statement of cause of death. Blank certificates will be supplied to all physicians in the State upon request and may be obtained at any time from the local registrars. Physicians should have a supply of blanks on hand, and in the event of death, kindly leave the medical certificate of cause of death with the family of decedent, or have it ready for the undertaker so that he will not be delayed in obtaining the permit. Compliance with this request, which will remove one of the principal difficulties of prompt registration, will be greatly appreciated.

The statement of cause of death is very important for many reasons. Please be precise and definite in making out the medical certificate. If the death occurred from **cancer or tuberculosis**, state what part of the body was affected. If from **septicemia**, give the cause of the septicemia, especially for females of child-bearing age. Never report a death from "**heart failure**"; it is universally discredited as a statement of cause of death. If such a death was due to actual heart disease, state that fact; or if the "heart failure" occurred in the course of diphtheria, or other disease, give the name of the disease that caused the "heart failure."

LAW.

The registration of deaths in Minnesota is governed by Chapter 454 Laws of 1907, and Sec. 2142 Revised Laws.

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Filed in the Office of District Court,
Mille Lacs County, Minn.
February 10 A.D. 1911
Chas. J. Gray, Clerk.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

READ INSTRUCTIONS ON BACK CAREFULLY

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PLACE OF DEATH

County MillerTownship Princetonor
Villageor
City

(No. St.; Ward)

²FULL NAME John B. McVickerRegistered No. 17[If death occurred
in a hospital or
institution, give
its NAME instead
of street and
number]

PERSONAL AND STATISTICAL PARTICULARS

³SEX M ⁴Color or Race M ⁵Single, Married, Widowed, or Divorced. (Write the word)⁶DATE OF BIRTH Jan 27, 1888 (Month) (Day) (Year)⁷AGE yrs. mos. ds. If LESS than 1 day, hrs. or min.?⁸OCCUPATION (a) Trade, Profession, or particular kind of work Printed (b) General nature of industry, business, or establishment in which employed (or employer)⁹BIRTHPLACE (State or country) B. C.

PARENTS

¹⁰Name of Father John B. McVicker¹¹Birthplace of Father (State or country) Scotland¹²Maiden Name of Mother May MacBeth¹³Birthplace of Mother (State or country) Scotland¹⁴The above is true to the best of my knowledge (Informant) J. B. McVicker (Address)¹⁵Filed Joe Johnson, 1918 Registrar Address

STATE OF MINNESOTA

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

¹⁶DATE OF DEATH 5 5, 1918 (Month) (Day) (Year)¹⁷ I HEREBY CERTIFY, That I attended deceased from May 1, 1918, to 5/5, 1918, that I last saw him alive on 5/4, 1918, and that death occurred, on the date stated above, at 6.9 a.m.

The CAUSE OF DEATH* was as follows:

Anaemia

(Duration) yrs. mos. ds.

Contributory Chronic Pyelitis Secondary(Duration) 2 yrs. mos. ds.(Signed) G. B. Caley, M. D.June 8, 1918. (Address) Princeton

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

¹⁸LENGTH OF RESIDENCE (for Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the ds. State yrs. mos. ds. Where was disease contracted, If not at place of death? Former or usual residence

¹⁹PLACE OF BURIAL OR REMOVAL PrincetonDATE OF BURIAL 5/7, 1918²⁰UNDERTAKER Geo. P. RoseADDRESS Princeton

Sub-Registrar

19

Received

H. M.

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(U. S. STANDARD CERTIFICATE OF DEATH, prepared by the Committee of the American Public Health Association and adopted by the U. S. Census Office.)

CERTIFICATE OF DEATH

(.....)

INSTRUCTIONS TO REGISTRAR.—The registered number may be inserted in space above, if desired, for your own convenience. It is recommended, however, that it be entered only on face of certificate, in space provided at upper right-hand corner. It should be entered immediately upon receipt at your office, and the date of filing in your office and your signature as registrar should be entered at the same time on the face of the certificate in the lower right-hand corner.

Please examine the certificate carefully before making out the permit and call the attention of the undertaker or person in charge of the disposition of the body to any omissions. If any item cannot be obtained, the space should not be left blank nor a meaningless dash be used, but the word "Unknown" should be plainly written. Be careful to see that the place of death is correctly stated. If out of your jurisdiction, do not register it, but see that it is filed with the registrar where the death occurred. It is not necessary to give the "Special Information," except for deaths in institutions, etc.

Do not fail to mail all certificates of death filed with you to the Secretary of the State Board of Health, St. Paul, Minn., before the tenth (10th) day of the following month.

INSTRUCTIONS TO SUB-REGISTRARS.—Licensed embalmer, when duly authorized by the State Board of Health to act as sub-registrars, may issue permits to themselves for deaths in villages or townships (but not in cities having a local ordinance requiring burial permits). They must first have the certificates completely and legibly filled out in ink, they must fill in the date of receipt and sign same in space provided, and must personally file all certificates with the registrars on or before the fourth day of the following month without fail. The certificates should not be numbered by the sub-registrars, but by the local registrars, who record and transmit as if originally filed with them.

DUTY OF UNDERTAKER.—It is the duty of the undertaker or other persons in charge of the final disposition of the human body to observe the following requirements of the registration law:

1. He must obtain a **certificate of death** and have it properly filled out with all the **personal and statistical particulars** required by law. This part of the certificate should preferably be signed by a relative or friend of the decedent, or by some competent person acquainted with the facts. It may be signed by the undertaker or by the physician if desired.

2. The certificate containing the above personal particulars must now be presented to the attending physician for the **Medical certificate of cause of death**. If the physician is absent, so that the medical certificate cannot be promptly obtained, the complete certificate may then be presented to the registrar with a statement of that fact. The registrar may thereupon, in his discretion, issue a conditional permit, provided the medical certificate be completed at the earliest possible moment. But registrars will exercise special caution in granting such conditional permits to insure that the death did not result from any infectious disease requiring sanitary precaution, nor from unlawful or suspicious means. If any doubt exists or in the case of a death without medical attendance, the regis-

trar will refer the certificate to the health officers or Coroner for investigation and statement of cause of death.

3. The undertaker or the person in charge of the disposition of the body must next present the complete certificate of death, containing the medical certificate of cause of death, to the registrar of the township, village or city where the death occurred, and obtain his permit for the burial or removal of the body before any disposition is made of it.

4. The undertaker should deliver the Registrar's Burial Permit to the sexton when the interment is made, or, if the body is removed by rail or boat, the Registrar's Removal Permit must be delivered by him to the agent of the transportation company, who must attach it to the box containing the body to accompany it to destination.

DUTY OF SEXTON.—Sexton must not permit an interment until a properly prepared Burial or Removal Permit is delivered by the undertaker or person in charge of the remains. A removal Permit answers the purpose of a Burial Permit, unless there are local ordinances to the contrary.

SUGGESTIONS TO PHYSICIANS.—Physicians are earnestly requested to facilitate the execution of the law, and especially so far as it may be in their power to aid undertakers in their duty of promptly obtaining a statement of cause of death. Blank certificates will be supplied to all physicians in the State upon request and may be obtained at any time from the local registrars. Physicians should have a supply of blanks on hand, and in the event of death, kindly leave the medical certificate of cause of death with the family of decedent, or have it ready for the undertaker so that he will not be delayed in obtaining the permit. Compliance with this request, which will remove one of the principal difficulties of prompt registration, will be greatly appreciated.

The statement of cause of death is very important for many reasons. Please be precise and definite in making out the medical certificate. If the death occurred from **cancer or tuberculosis**, state what part of the body was affected. If from **septicemia**, give the cause of the septicemia, especially for females of child-bearing age. Never report a death from "**heart failure**"; it is universally discredited as a statement of cause of death. If such a death was due to actual heart disease, state that fact; or if the "**heart failure**" occurred in the course of diphtheria, or other disease, give the name of the disease that caused the "**heart failure**."

LAW.

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Filed in the Office of District Court,
Mille Lacs County, Minn.

February 10 A.D. 1911
Chas. H. King, Clerk

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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1 PLACE OF DEATH

County MillerTownship Princeton

Village

City

(No., St.; Ward)

2 FULL NAME

Vernon Anderson Brennan

STATE OF MINNESOTA

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 15

[If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 Color or Race W 5 Single, Married, Widowed, or Divorced. (Write the word) Married

6 DATE OF BIRTH May 10, 1909 (Month) (Day) (Year)

7 AGE 1 yrs. mos. ds. If LESS than 1 day, hrs. or min. ?

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

9 BIRTHPLACE (State or country) Ill.

10 Name of Father Dean Brennan

11 Birthplace of Father (State or country) Ill.

12 Maiden Name of Mother Ann Anderson

13 Birthplace of Mother (State or country) Ill.

14 The above is true to the best of my knowledge

(Informant) Dean Brennan

(Address)

15

Filed July 5, 1910 J. J. Johnson

Registrar

Address Princeton

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 10, 1910 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 579, 1910, to 579, 1910, that I last saw him alive on 14, 1910, and that death occurred, on the date stated above, at 59 m.

The CAUSE OF DEATH* was as follows:

Indigestion

(Duration) yrs. mos. ds.

Contributory Secondary

(Duration) yrs. mos. ds.

(Signed) G. T. Coley, M. D. 678, 1910 (Address) Princeton

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

18 LENGTH OF RESIDENCE (for Hospitals, Institutions, Transients, or Recent Residents)

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

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Baldwin

DATE OF BURIAL

5/11, 1910

20 UNDERTAKER

Geo. Ross

ADDRESS

Princeton

Received 19 Sub-Registrar

H M.

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(U. S. STANDARD CERTIFICATE OF DEATH, prepared by the Committee of the American Public Health Association and adopted by the U. S. Census Office.)

CERTIFICATE OF DEATH

(.....)

INSTRUCTIONS TO REGISTRAR.—The registered number may be inserted in space above, if desired, for your own convenience. It is recommended, however, that it be entered only on face of certificate, in space provided at upper right-hand corner. It should be entered immediately upon receipt at your office, and the date of filing in your office and your signature as registrar should be entered at the same time on the face of the certificate in the lower right-hand corner.

Please examine the certificate carefully before making out the permit and call the attention of the undertaker or person in charge of the disposition of the body to any omissions. If any item cannot be obtained, the space should not be left blank nor a meaningless dash be used, but the word "Unknown" should be plainly written. Be careful to see that the place of death is correctly stated. If out of your jurisdiction, do not register it, but see that it is filed with the registrar where the death occurred. It is not necessary to give the "Special Information," except for deaths in institutions, etc.

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DUTY OF UNDERTAKER.—It is the duty of the undertaker or other persons in charge of the final disposition of the human body to observe the following requirements of the registration law:

1. He must obtain a certificate of death and have it properly filled out with all the personal and statistical particulars required by law. This part of the certificate should preferably be signed by a relative or friend of the decedent, or by some competent person acquainted with the facts. It may be signed by the undertaker or by the physician if desired.

2. The certificate containing the above personal particulars must now be presented to the attending physician for the Medical certificate of cause of death. If the physician is absent, so that the medical certificate cannot be promptly obtained, the incomplete certificate may then be presented to the registrar with a statement of that fact. The registrar may thereupon, in his discretion, issue a conditional permit, provided the medical certificate be completed at the earliest possible moment. But registrars will exercise special caution in granting such conditional permits to insure that the death did not result from any infectious disease requiring sanitary precaution, nor from unlawful or suspicious means. If any doubt exists or in the case of a death without medical attendance, the regis-

trar will refer the certificate to the health officers or Coroner for investigation and statement of cause of death.

3. The undertaker or the person in charge of the disposition of the body must next present the complete certificate of death, containing the medical certificate of cause of death, to the registrar of the township, village or city where the death occurred, and obtain his permit for the burial or removal of the body before any disposition is made of it.

4. The undertaker should deliver the Registrar's Burial Permit to the sexton when the interment is made, or, if the body is removed by rail or boat, the Registrar's Removal Permit must be delivered by him to the agent of the transportation company, who must attach it to the box containing the body to accompany it to destination.

DUTY OF SEXTON.—Sexton must not permit an interment until a properly prepared Burial or Removal Permit is delivered by the undertaker or person in charge of the remains. A removal Permit answers the purpose of a burial Permit, unless there are local ordinances to the contrary.

SUGGESTIONS TO PHYSICIANS.—Physicians are earnestly requested to facilitate the execution of the law, and especially so far as it may be in their power to aid undertakers in their duty of promptly obtaining a statement of cause of death. Blank certificates will be supplied to all physicians in the State upon request and may be obtained at any time from the local registrars. Physicians should have a supply of blanks on hand, and in the event of death, kindly leave the medical certificate of cause of death with the family of decedent, or have it ready for the undertaker so that he will not be delayed in obtaining the permit. Compliance with this request, which will remove one of the principal difficulties of prompt registration, will be greatly appreciated.

The statement of cause of death is very important for many reasons. Please be precise and definite in making out the medical certificate. If the death occurred from cancer or tuberculosis, state what part of the body was affected. If from septicæmia, give the cause of the septicæmia, especially for females of child-bearing age. Never report a death from "heart failure"; it is universally discredited as a statement of cause of death. If such a death was due to actual heart disease, state that fact; or if the "heart failure" occurred in the course of diphtheria, or other disease, give the name of the disease that caused the "heart failure."

LAW.

The registration of deaths in Minnesota is governed by Chapter 454 Laws of 1907, and Sec. 2142 Revised Laws.

Copies of the law and blank certificates of death will be supplied by the secretary of the State Board of Health, upon request.

Filed in the Office of District Court,
 Mills Lake County, Minn.
 February 10, A. D. 1911
 J. H. King, Clerk.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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PLACE OF DEATH

County Miller Laest
 Township Princeton
 or
 Village
 or
 City (No., St.; Ward)

STATE OF MINNESOTA

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 21

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Margaret Steers

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race W. 5 Single, Married, Widowed, or Divorced, Married
 (Write the word)

6 DATE OF BIRTH July 3, 1836
 (Month) (Day) (Year)

7 AGE 74 yrs. mos. ds. If LESS than 1 day, hrs. or min. ?

8 OCCUPATION (a) Trade, Profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) New Brunswick

10 Name of Father Robt. Benson

11 Birthplace of Father (State or country) England

12 Maiden Name of Mother Unknown

13 Birthplace of Mother (State or country)

14 The above is true to the best of my knowledge

(Informant) Robt. Steers

(Address)

15

Filed July 21, 1910, Jos. Johnson
 Registrar

Address Princeton, Minn.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 22, 1910
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct, 1909, to June 22, 1910

that I last saw h. & r. alive on June 22, 1910, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(Duration) yrs. mos. ds.

Contributory Senility
 Secondary

(Duration) yrs. mos. ds.

(Signed) H. C. Cooney, M. D.

....., 191.... (Address) Princeton

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

18 LENGTH OF RESIDENCE (for Hospitals, Institutions, Transients, or Recent Residents)

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

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Princeton, Minn. June 24, 1910

20 UNDERTAKER ADDRESS

Geo. P. Ross Princeton

Sub-Registrar

19

Received

N. B.—Every item of information should be carefully supplied. **AGE** should be stated **EXACTLY**, **PHYSICIANS** should state **CAUSE OF DEATH** in plain terms that it may be classified. The "Special Information" for persons dying away from home should be given in every instance.

(U. S. STANDARD CERTIFICATE OF DEATH, prepared by the Committee of the American Public Health Association and adopted by the U. S. Census Office.)

CERTIFICATE OF DEATH

(.....)

INSTRUCTIONS TO REGISTRAR.—The registered number may be inserted in space above, if desired, for your own convenience. It is recommended, however, that it be entered only on face of certificate, in space provided at upper right-hand corner. It should be entered immediately upon receipt at your office, and the date of filing in your office and your Signature as registrar should be entered at the same time on the face of the certificate in the lower right-hand corner.

Please examine the certificate carefully before making out the permit and call the attention of the undertaker or person in charge of the disposition of the body to any omissions. If any item cannot be obtained, the space should not be left blank nor a meaningless dash be used, but the word "Unknown" should be plainly written. Be careful to see that the place of death is correctly stated. If out of your jurisdiction, do not register it, but see that it is filed with the registrar where the death occurred. It is not necessary to give the "Special Information," except for deaths in institutions, etc.

Do not fail to mail all certificates of death filed with you to the Secretary of the State Board of Health, St. Paul, Minn., before the tenth (10th) day of the following month.

INSTRUCTIONS TO SUB-REGISTRARS.—Licensed embalmer, when duly authorized by the State Board of Health to act as sub-registrars, may issue permits to themselves for deaths in villages or townships (but not in cities having a local ordinance requiring burial permits). They must first have the certificates completely and legibly filled out in ink, they must fill in the date of receipt and sign same in space provided, and must personally file all certificates with the registrars on or before the fourth day of the following month without fail. The certificates should not be numbered by the sub-registrars, but by the local registrars, who record and transmit as if originally filed with them.

DUTY OF UNDERTAKER.—It is the duty of the undertaker or other persons in charge of the final disposition of the human body to observe the following requirements of the registration law:

1. He must obtain a certificate of death and have it properly filled out with all the personal and statistical particulars required by law. This part of the certificate should preferably be signed by a relative or friend of the decedent, or by some competent person acquainted with the facts. It may be signed by the undertaker or by the physician if desired.

2. The certificate containing the above personal particulars must now be presented to the attending physician for the Medical certificate of cause of death. If the physician is absent, so that the medical certificate cannot be promptly obtained, the incomplete certificate may then be presented to the registrar with a statement of that fact. The registrar may thereupon, in his discretion, issue a conditional permit, provided the medical certificate be completed at the earliest possible moment. But registrars will exercise special caution in granting such conditional permits to insure that the death did not result from any infectious disease requiring sanitary precaution, nor from unlawful or suspicious means. If any doubt exists or in the case of a death without medical attendance, the regis-

trar will refer the certificate to the health officers or Coroner for investigation and statement of cause of death.

3. The undertaker or the person in charge of the disposition of the body must next present the complete certificate of death, containing the medical certificate of cause of death, to the registrar of the township, village or city where the death occurred, and obtain his permit for the burial or removal of the body before any disposition is made of it.

4. The undertaker should deliver the Registrar's Burial Permit to the sexton when the interment is made, or, if the body is removed by rail or boat, the Registrar's Removal Permit must be delivered by him to the agent of the transportation company, who must attach it to the box containing the body to accompany it to destination.

DUTY OF SEXTON.—Sexton must not permit an interment until a properly prepared Burial or Removal Permit is delivered by the undertaker or person in charge of the remains. A removal Permit answers the purpose of a Burial Permit, unless there are local ordinances to the contrary.

SUGGESTIONS TO PHYSICIANS.—Physicians are earnestly requested to facilitate the execution of the law, and especially so far as it may be in their power to aid undertakers in their duty of promptly obtaining a statement of cause of death. Blank certificates will be supplied to all physicians in the State upon request and may be obtained at any time from the local registrars. Physicians should have a supply of blanks on hand, and in the event of death, kindly leave the medical certificate of cause of death with the family of decedent, or have it ready for the undertaker so that he will not be delayed in obtaining the permit. Compliance with this request, which will remove one of the principal difficulties of prompt registration, will be greatly appreciated.

The statement of cause of death is very important for many reasons. Please be precise and definite in making out the medical certificate. If the death occurred from cancer or tuberculosis, state what part of the body was affected. If from septicaemia, give the cause of the septicaemia, especially for females of child-bearing age. Never report a death from "heart failure"; it is universally discredited as a statement of cause of death. If such a death was due to actual heart disease, state that fact; or if the "heart failure" occurred in the course of diphtheria, or other disease, give the name of the disease that caused the "heart failure."

LAW.

The registration of deaths in Minnesota is governed by Chapter 454 Laws of 1907, and Sec. 2142 Revised Laws.

Copies of the law and blank certificates of death will be supplied by the secretary of the State Board of Health, upon request.

Filed in the Office of District Court,
Mille Lacs County, Minn
February 10 A.D. 1911
Prob. C. King, Clerk.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

READ INSTRUCTIONS ON BACK CAREFULLY

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County mill Lacs
 Township Princeton
 or
 Village
 or
 City (No., St., Ward)

STATE OF MINNESOTA

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 22

[If death occurred
in a hospital or
institution, give
its NAME instead
of street and
number]

2 FULL NAME

A. W. Kenfield

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 10-26, 1843
 (Month) (Day) (Year)

7 AGE 67 yrs. mos. ds. If LESS than 1 day, ... hrs. or ... min. ?

8 OCCUPATION
 (a) Trade, Profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer) Traveling Salesman

9 BIRTHPLACE (State or country) Mass.

10 Name of Father P. Kenfield

11 Birthplace of Father (State or country) Mass.

12 Maiden Name of Mother Charlotte Kenfield

13 Birthplace of Mother (State or country) Mass.

14 The above is true to the best of my knowledge
 (Informant) A. E. Kenfield
 (Address)

15 Filed 191 Jan. Johnson
 Registrar
 Address

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 8-24, 1910
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 3, 1910, to 8-14, 1910, that I last saw h. 4 alive on 8-23, 1910, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(Duration) 2 yrs. mos. ds.

Contributory
 Secondary

(Duration) yrs. mos. ds.

(Signed) Thos. L. Armstrong, M. D.

....., 191.... (Address) Princeton

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

18 LENGTH OF RESIDENCE (for Hospitals, Institutions, Transients, or Recent Residents)

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

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Princeton DATE OF BURIAL 8-26, 1910

20 UNDERTAKER Geo. P. Ross ADDRESS Princeton

Sub-Registrar

19

Received

N. B.—Every item of information should be carefully supplied. AGE should be stated **EXACTLY**, **PHYSICIANS** should state **CAUSE OF DEATH** in plain terms that it may be classified. The "Special Information" for persons dying away from home should be given in every instance.

(U. S. STANDARD CERTIFICATE OF DEATH, prepared by the Committee of the American Public Health Association and adopted by the U. S. Census Office.)

CERTIFICATE OF DEATH

(.....)

INSTRUCTIONS TO REGISTRAR.—The registered number may be inserted in space above, if desired, for your own convenience. It is recommended, however, that it be entered only on face of certificate, in space provided at upper right-hand corner. It should be entered immediately upon receipt at your office, and the date of filing in your office and your Signature as registrar should be entered at the same time on the face of the certificate in the lower right-hand corner.

Please examine the certificate carefully before making out the permit and call the attention of the undertaker or person in charge of the disposition of the body to any omissions. If any item cannot be obtained, the space should not be left blank nor a meaningless dash be used, but the word "Unknown" should be plainly written. Be careful to see that the place of death is correctly stated. If out of your jurisdiction, do not register it, but see that it is filed with the registrar where the death occurred. It is not necessary to give the "Special Information," except for deaths in institutions, etc.

Do not fail to mail all certificates of death filed with you to the Secretary of the State Board of Health, St. Paul, Minn., before the tenth (10th) day of the following month.

INSTRUCTIONS TO SUB-REGISTRARS.—Licensed embalmer, when duly authorized by the State Board of Health to act as sub-registrars, may issue permits to themselves for deaths in villages or townships (but not in cities having a local ordinance requiring burial permits). They must first have the certificates completely and legibly filled out in ink, they must fill in the date of receipt and sign same in space provided, and must personally file all certificates with the registrars on or before the fourth day of the following month without fail. The certificates should not be numbered by the sub-registrars, but by the local registrars, who record and transmit as if originally filed with them.

DUTY OF UNDERTAKER.—It is the duty of the undertaker or other persons in charge of the final disposition of the human body to observe the following requirements of the registration law:

1. He must obtain a **certificate of death** and have it properly filled out with all the **personal and statistical particulars** required by law. This part of the certificate should preferably be signed by a relative or friend of the decedent, or by some competent person acquainted with the facts. It may be signed by the undertaker or by the physician if desired.

2. The certificate containing the above personal particulars must now be presented to the attending physician for the **Medical certificate of cause of death**. If the physician is absent, so that the medical certificate cannot be promptly obtained, the incomplete certificate may then be presented to the registrar with a statement of that fact. The registrar may thereupon, in his discretion, issue a conditional permit, provided the medical certificate be completed at the earliest possible moment. But registrars will exercise special caution in granting such conditional permits to insure that the death did not result from any infectious disease requiring sanitary precaution, nor from unlawful or suspicious means. If any doubt exists or in the case of a death without medical attendance, the registrar

will refer the certificate to the health officers or Coroner for investigation and statement of cause of death.

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4. The undertaker should deliver the **Registrar's Burial Permit** to the sexton when the interment is made, or, if the body is removed by rail or boat, the **Registrar's Removal Permit** must be delivered by him to the agent of the transportation company, who must attach it to the box containing the body to accompany it to destination.

DUTY OF SEXTON.—Sexton must not permit an interment until a properly prepared Burial or Removal Permit is delivered by the undertaker or person in charge of the remains. A removal Permit answers the purpose of a burial Permit, unless there are local ordinances to the contrary.

SUGGESTIONS TO PHYSICIANS.—Physicians are earnestly requested to facilitate the execution of the law, and especially so far as it may be in their power to aid undertakers in their duty of promptly obtaining a statement of cause of death. Blank certificates will be supplied to all physicians in the State upon request and may be obtained at any time from the local registrars. Physicians should have a supply of blanks on hand, and in the event of death, kindly leave the medical certificate of cause of death with the family of decedent, or have it ready for the undertaker so that he will not be delayed in obtaining the permit. Compliance with this request, which will remove one of the principal difficulties of prompt registration, will be greatly appreciated.

The statement of **cause of death** is very important for many reasons. Please be precise and definite in making out the medical certificate. If the death occurred from **cancer or tuberculosis**, state what part of the body was affected. If from **septicemia**, give the cause of the septicemia, especially for females of child-bearing age. Never report a death from "**heart failure**"; it is universally discredited as a statement of cause of death. If such a death was due to actual heart disease, state that fact; or if the "**heart failure**" occurred in the course of diphtheria, or other disease, give the name of the disease that caused the "**heart failure**."

LAW.

The registration of deaths in Minnesota is governed by Chapter 454 Laws of 1907, and Sec. 2142 Revised Laws.

Copies of the law and blank certificates of death will be supplied by the secretary of the State Board of Health, upon request.

Filed in the Office of District Court,
Tulsa County, Okla.
February 10, A. D. 1911
[Signature]
Clerk

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

READ INSTRUCTIONS ON BACK CAREFULLY

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1 PLACE OF DEATH

County Mille LacsTownship PrincetonVillage PrincetonCity Princeton(No. 1)St. Princeton Ward 1Registered No. 23

[If death occurred in a hospital or institution, give its NAME instead of street and number]

2 FULL NAME

Stillborn

STATE OF MINNESOTA

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Dec - 13 - 1910
(Month) (Day) (Year)

7 AGE Born Dead If LESS than 1 day, hrs. or min. ?

8 OCCUPATION
(a) Trade, Profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE (State or country) Princeton

10 Name of Father August Gebart

11 Birthplace of Father (State or country) Germany

12 Maiden Name of Mother Minnie Osafi

13 Birthplace of Mother (State or country) Germany

14 The above is true to the best of my knowledge

(Informant) Aug. Gebart
(Address) Princeton Minn

15 Filed Dec 15 1910 Jos Johnson
Registrar

Address Princeton Minn

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec - 13 - 1910
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 191...., to 191....,

that I last saw him alive on 191...., and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Stillborn

(Duration) yrs. mos. ds.

Contributory Secondary

(Duration) yrs. mos. ds.

(Signed) No. M. 19 - M. D.

(Address) 191....

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

18 LENGTH OF RESIDENCE (for Hospitals, Institutions, Transients, or Recent Residents)

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

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Princeton DATE OF BURIAL Dec 15 1910

20 UNDERTAKER Geo. P. Ross ADDRESS Princeton Minn

Sub-Registrar

19

Received

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LAW.

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Copies of the law and blank certificates of death will be supplied by the secretary of the State Board of Health, upon request.

Filed in the Office of District Court,
Hillsboro County, Minn.
February 10 A. D. 1911
Paul H. King, Clerk.