

Princeton (Minn. : Township).
Birth and Death Certificates.

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PLACE OF DEA	TH 40	STATE	OF M	IINNES	SOTA	
County of Mille	Lace The Lace	DIVISI	ON OF VITAL	L STATISTI	cs	
Township of or Village of Orwice	don	CERT	IFICATE	OF DEA	TH Registered	No. 8
FULL NAME	Jonas O	7.36	sill	st.; W	etreet and	h occurred in a or Institution, AME instead of inumber. If usual residence, ecial Informa-w.]
PERSONAL AND STA	TISTICAL PARTICULARS	IF THE THE	MEDICAL C	ERTIFICATE	OF DEATH	
sex male	color Thile	DATE OF DEATH	Mont	th)	24 =	(Year)
DATE OF (Month) BIRTH  AGE	Day the (Year)	I HER	EBY CERTI		attended de	1
76_years, X	5 months, 20 days	The state of the s	aw h Mulal		stated above,	7—, 1907, at 7 @M.
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married	The CAUSE	OF DEATH	was as fol	lows:	
NUMBER OF CHILDREN	orried, age at (first) marriage_36_years		Pewil	ely, (	Old ag	e)
BIRTHPLACE (State or country)	Bruswick	Contributor	$\Delta I$		(DURATION)	7 DAYS
NAME OF FATHER Stephel	in Hill	(Signed)	Thos	A. axe	(DURATION)	M. D.
OF FATHER (State or country)	known		(Address)	OPR	welfor	him
MAIDEN NAME OF MOTHER LLUX	lenom /	Former or usual residence			Fransients or Recent How long at place of death	
BIRTHPLACE OF MOTHER (State or country)	lukrovou	Where was disease if not at place of				
none-Unab	ele to mork	Prue	toy. Mu	in E	MUL 21	
THE ABOVE STATED PERSONAL PA	hele Hell	UNDERTAKER	i.a.Ro	35.	Prmeeto	n minn
(Address)	meeten Much	Filed	2_190.7	4:	M. Caler	Registrar
	(OVER)		1			- Sioti ai

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.)

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INSTRUCTIONS TO REGISTRAR.—The registered number may be inserted in space above, if desired, for your own convenience. It is recommended, however, your own convenience. It is recommended, nowever, 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.

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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

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.

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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 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.

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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

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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.

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

County of Mills Lacs	STATE OF MINNESOTA DIVISION OF VITAL STATISTICS
Village of Phineston	CERTIFICATE OF DEATH Registered No. //
FULL NAME Leston &. Smi	St.; Ward)  [II 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	MEDICAL CERTIFICATE OF DEATH
SEX male color white	DATE OF DEATH  (Month)  (Day)  (Year)  190
DATE OF Morreh (Day) (Year)  March / 1887	I HEREBY CERTIFY, That I attended deceased from
20 years, 5 months, 21 days Single Married.	that I last saw halive on, and that death occurred, on the date stated above, at 2.7 M.  The CAUSE OF DEATH was as follows:
AGE AT MARRIAGE, NUMBER OF CHILDREN   If married, age at (first) marriageyears	Lebrowe Brights arease
Parent ofchildren, of whomare living	
BIRTHPLACE (State or country) Greenbush Minn	Contributory (DURATION) - V. DAYS
BIRTHPLACE  BIRTHPLACE  BIRTHPLACE	(Signed) 1, 6. arrutage M. D.
OF FATHER (State or country) Prounville Mourse	SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:
OF MOTHER GEORGINE Dunning BIRTHPLACE	Former or How long at usual residenceDays
OCCUPATION Ontario Comunication	Where was disease contracted, if not at place of death?
Clark  THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST	UNDERTAKER DA ADDRESS ADDRESS ADDRESS
OF MY KNOWLEDGE AND BELIEF  (Informant) Q. C. Smith	Filed Prineton Min
(Address) Printettin Minn	Jan 1 1960 9/1 Ceally 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.

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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

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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 is the Office of District Court, Wille Lace County, Nim.

Lebruary 10 A. D. 1911

Robb. C. Ching: Clark.

PLACE OF DEATH	STATE OF MINNESOTA
County of Malle & cies	DIVISION OF VITAL STATISTICS
Township of Princeline Ske	CERTIFICATE OF DEATH
Village of The Carlon	Registered No
FULL NAME JOINES, Million	St.; Ward) [In 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	MEDICAL CERTIFICATE OF DEATH
SEX Male COLOR White	DATE OF (Month) (Day) (Year)  WA - 190 1
DATE OF (Month) (Day) (Year)  BIRTH 8 1 1906	I HEREBY CERTIFY, That I attended deceased from  Wen: 16, 1907, to Wen 16 - 1907
AGEyears,	that I last saw h
SINGLE MARRIED, WIDOWED, OR DIVORCED	The CAUSE OF DEATH was as follows:
AGE AT MARRIAGE, NUMBER OF CHILDREN   Parent ofchlotren, of whom are living	1/1
State or country) francesfor, Minn	Contributory(DURATION) June Real Days
NAME OF David Johnson BIRTHPLACE	(Signed) 4 N Cally M. D.
OF FATHER (State or country)	aug 1907 (Address) Pracella Turin.
MAIDEN NAME OF MOTHER GEORGIC Mudaett	SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:  Former or How long at usual residence
State or country) Princeston (Rinner	Where was disease contracted, if not at place of death?
OCCUPATION	Out Know lewelon Princeto august 27 1902
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF	O. a. Rosa Princeton Missin
(Address) Princellara Minns	Filed Supply 1907 1907 Affine Registrar
(OVER)	, nogistrar

5-20-07-50.000

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PLACE OF DEATH	STATE OF MINNESOTA
County of Mills Lacs	DIVISION OF VITAL STATISTICS
Township of	CERTIFICATE OF DEATH
Village of Prutetton	Registered No./2
City of (No,	
FULL NAME Julia Kaliher	St.; Ward)  [It 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	MEDICAL CERTIFICATE OF DEATH
SEX Female white	DATE OF (Month) (Day) (Year)
DATE OF (Month) (Day) (Year)  1897 March 25 1897	I HEREBY CERTIFY, That I attended deceased from
80 years, 4 months, 1 days	that I last saw halive on, 190, and that death occurred, on the date stated above, a 730 FM.
SINGLE MARRIED. WIDOWED, OR DIVORCED  Widow	The CAUSE OF DEATH was as follows:
AGE AT MARRIAGE, NUMBER OF CHILDREN   If married, age at (first) marriageyears	
Parent of children, of whomare living	, , , , , , , , , , , , , , , , , , , ,
BIRTHPLACE (State or country)	(DURATION) 1 W/C DAYS
NAME OF FATHER Dennis Danchy	(Signed) 1. to drulage: M. D.
BIRTHPLACE OF FATHER (State or country)	Que 31 190 9 (Address)
MAIDEN NAME OF MOTHER Julia Danchy	SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:  Former or How long at usual residenceDays
BIRTHPLACE OF MOTHER (State or country)	Where was disease contracted, if not at place of death?
OCCUPATION House Dislo	PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  190.7.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF	UNDERTAKER Od. Ross. ADDRESS Princiton
(Address) Princeton	Grad. 3/ 1907. G. R. Cealing.
(Address) (over)	Registrar

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> Filed in the Office of District Cour .. Ebmary 10" A. D. 1911

PLACE OF DEATH	STATE OF MINNESOTA
County of Alle Jac	DIVISION OF VITAL STATISTICS
Township of Baldwine	CERTIFICATE OF DEATH
Village of Trunciton	Registered No. 13
City of francisco (No,	St.; Ward) [II death occurred in a Hospital or Institution, give its NAME instead of
FULL NAME Organia a. 9	Newber 4 give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Tohite	DATE OF (Month) (Day) (Year)  Dept 99 Left 99 Ad 190 7
DATE OF (Month) (Day) (Year) Coply January 7 1868	I HEREBY CERTIFY, That I attended deceased from
39 years, & months, 15 days	that I last saw h w alive on Just vv , 1904, and that death occurred, on the date stated above, at 3 P. M.
SINGLE MARRIED. WIDOWED, OR DIVORCED Married.	The CAUSE OF DEATH was as follows:
AGE AT MARRIAGE, NUMBER OF CHILDREN    If married, age at (first) marriage	
BIRTHPLACE (State or country) Copley Illinois	ContributoryDAYS
NAME OF FATHER Mr. Dvertfall.	(Signed) N. Ca. Coones M. D.
BIRTHPLACE OF FATHER (State or country)	Suft 7 3190_ (Address).
MAIDEN NAME OF MOTHER Min Bowles.	SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:  Former or How long at usual residence Balanean place of death? 3 Days
BIRTHPLACE OF MOTHER (State or country)	Where was disease contracted, if not at place of death? Buldwin
Tarmers Wile	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 190
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF	UNDERTAKER C.A. Ross. ADDRESS
(Informant) The carry	Filed 1900 A. Rlealing.
(Address) (OVER)	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 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.

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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. transmit as if originally filed with them.

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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:

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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 regulations to the contrary

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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." failure.'

#### LAW.

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> Filed in the Office of District Court, Lebruary 16 A.D. 1911

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

PLACE OF DEATH County of Mills Like Township of Princelon Village of Princelon	STATE OF MINNESOTA  DIVISION OF VITAL STATISTICS  CERTIFICATE OF DEATH  Registered No. 14
FULL NAME of selection (No	St.; Ward) [It 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	MEDICAL CERTIFICATE OF DEATH
DATE OF (Month) (Day) (Year)	DATE OF DEATH  (Month)  (Day)  (Year)  190
BIRTH Opr 17 1881	HEREBY CERTIFY, That I attended deceased from (OC) 1907. to OC 20, 1907.
AGE To years, months, 3 days	that I last saw have alive on 20, 1907, and that death occurred, on the date stated above, at 20M.
WIDOWED, GR. DIWORGED	The CAUSE OF DEATH was as follows:
AGE AT MARRIAGE, NUMBER OF CHILDREN  Parent ofchidren, of whomare living	
BIRTHPLACE (State or country) Ireland	Contributory
BIRTHPLACE Thomas Brown	(Signed) * AC CURATION) DAYS  (Signed) M. D.
OF FATHER (State or country) Unknown	SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:
MAIDEN NAME OF MOTHER AND	Former or How long at usual residence Days
State or country) Unknow	Where was disease contracted, if not at place of death?
Blacksmith	Princeton Oct 23 1907.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF	E. a. Ross Princelon min
(Address) Tred Harry (over)	Filed 1900 G Plealing 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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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 fall. The certificates should not be numbered by the subregistrars, but by the registrars, who record and transmit as if originally filed with them. TO SUBREGISTRARS -Licensed

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 re-

position 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 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 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 Corner for investigation and statement of Officer or Coroner for investigation and statement of cause of death.

3. The undertaker or person in charge of the dis-

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**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

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#### LAW.

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> Filed in the Office of District Court, Mille Lace County, Minn. Feb. 10 A.D. 1911 Ciall, Of Oling. Clerk

#### Village of or RECORD. City of (No ... PERMANENT PERSONAL AND STATISTICAL PARTICULARS SEX COLOR BINDING DATE OF (Month) (Day) (Year) BIRTH V 2 AGE UNFADING INK-THIS とりて .....months, .... ----days years, ---SINGLE, MARRIED, WIDOWED, OR DIVORCED RESERVED AGE AT MARRIAGE, NUMBER OF CHILDREN If married, age at (first) marriage 40 years Parent of \_ \_\_\_ children, of whom \_ \_ are ilving BIRTHPLACE (State or country) NAME OF FATHER MARGIN PLAINLY WITH BIRTHPLACE OF FATHER (State or country) MAIDEN NAME BIRTHPLACE OF MOTHER (State or country) WRITE OCCUPATION THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (Informant)

(OVER)

PLACE OF DEATH

County of

Township of

## STATE OF MINNESOTA

DIVISION OF VITAL STATISTICS

#### CERTIFICATE OF DEATH

Registered	No.

St.;\_\_\_\_Ward)

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

street and number. It away from usual residence, give 'Special Information' below.]

MEDICAL CERTIFICATE OF DEATH

Registrar

DATE OF DEATH	(Month)	(Day)	(Year)
	Arv.	8	190 7
I HERE	BY CERTIFY, T	That I attended de	ceased from
HOU I	, 1907, t	· AN T	, 190_7,
that I last sa	w h Ly alive on	Dov 7	, 1907,
and that deat	h occurred, on the	date stated above,	åt 8 /4 - M.
	OF DEATH was a		
	2		
Je	nilety.		
		(DURATION)	DAYS
Contributory			
		falin -	DAYS
			M. D.
	7_ (Address)		
SPECIAL INFORMATI	ON only for Hospitals, Institu	utions, Transients or Recent How long at	Residents:
usual residence		place of death	?Days
Where was disease if not at place of d			
PLACE OF BURIAL	. CR REMOVAL	DATE OF BUR AL	
Bruce	uton.	1/00/12	190.7
UNDERTAKER	a. Bos	ADDRESS Brins	edo
Filed	0	01	

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Filed in the Office of District Court. Mille Lacs County, Minn tebruary 10 1911

County of Mills Lucs	STATE	OF MINN	11 1 6
Village of	CERTI	FICATE OF I	Registered No.
FULL NAME Alvira Augustic	Darle	St.;	Ward) [II death occurred in Hospital or Institution give its NAME instead street and number.  away from usual residence give "Special Information" below.]
PERSONAL AND STATISTICAL PARTICULARS	1	MEDICAL CERTIFIC	ATE OF DEATH
Denul White	DATE OF DEATH	(Month)	(Day) (Year)
DATE OF (Month) (Day) (Year)  AGE	ap	- , 190 Z. to	1/1 - 20
single Married.		w h Lee alive on h occurred, on the	date stated above, at I N
widowed, or divorced	The CAUSE	OF DEATH was a	Tieles. 1.
AGE AT MARRIAGE, NUMBER OF CHILDREN    If married, age at (first) marriageyears   Parent ofchi-dren, of whomare living			
BIRTHPLACE (State or country)	Contributory		
NAME OF FATHER Churchen Rallen		H	(DURATION)DA)
BIRTHPLACE OF FATHER (State or country)  Levely	(Signed)	(Address)	Princeton Min
MAIDEN NAME OF MOTHER	Former or		tions, Transients or Recent Residents:  How long at  place of death?Da
BIRTHPLACE OF MOTHER (State or country)	Where was disease if not at place of de		
Hames Dontsewike	PLACE OF BURIAL	OR REMOVAL	DATE OF BURIAL
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF  (Informant) Lucius & Sentil	UNDERTAKER	Ross	ADDRESS
(Address) Procedure min	Bear 4	7 190 /	Registrar

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DIVISION OF VITAL STATISTICS Township of CERTIFICATE OF DEATH Village of Registered No. or RECORD. [If death occurred in a Hospital or Institution, give its NAME instead of City of \_\_ St.:\_\_\_\_ Ward) street and number. If away from usual residence, give 'Special Informa-tion' below.] PERMANENT MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS DATE OF (Month) (Day) SEX COLOR DEATH BINDING (Day) DATE OF (Month) (Year) BIRTH I HEREBY CERTIFY. That I attended deceased from 4 , 1907 to Dres S AGE that I last saw her alive on The -THIS \_\_\_vears, \_\_\_\_\_days and that death occurred, on the date stated above, at 9 H-M. SINGLE, MARRIED, The CAUSE OF DEATH was as follows: WIDOWED, OR DIVORCED INK RESERVED AGE AT MARRIAGE. If married, age at (first) marriage / years NUMBER OF CHILDREN UNFADING Parent of 3 children, of whom \_\_\_\_\_ are ilving BIRTHPLACE (State or country) Contributory NAME OF FATHER WITH MARGIN (DURATION) (Signed) BIRTHPLACE OF FATHER \_\_\_\_\_190\_\_\_ (Address)\_\_\_\_\_ (State or country) PLAINLY SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents: MAIDEN NAME OF MOTHER Former or How long a usual residence place of death? BIRTHPLACE Where was disease contracted. OF MOTHER ш (State or country) if not at place of death?\_\_ RIT OCCUPATION PLACE OF BURIAL GR REMOVAL DATE OF BUR AL THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST UNDERTAKER ADDRESS OF MY KNOWLEDGE AND BELIEF (Informant) Filed

(OVER)

STATE OF MINNESOTA

190

(Year)

DAYS

Days

Registrar

M. D.

PLACE OF DEATH

County of

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 learner with the time.

face of the certificate in the lower right-hand corner.
Please examine the certificate carefully before mak-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

INSTRUCTIONS TO SUBREGISTRARS—Licensed embalmers, when duly authorized by the State Board of Health to act as subregistrars, may issue permits to INSTRUCTIONS 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.

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3. The undertaker or person in charge of the dis-position 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. Comwill not be delayed in obtaining the permit. Com-pliance with this request, which will remove one of the principal difficulties of prompt registration, will be greatly appreciated

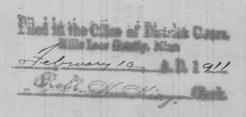
The statement of cause of death is very important The statement of cause of death is very important for many reasons. Please be precise and definite in making out the medical certificate. If the death occurred from cancer or tuberculosis, state what part of the body was affected. If from septicemia, 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" eccurred in the course of diphtheria or other disease, give the name of the disease that caused the "heart failure."

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LAW.

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County of Mile Sack	STATE OF MINNESOTA  DIVISION OF VITAL STATISTICS
Township of	- Landing Control of the Control of
Village of	CERTIFICATE OF DEATH  Registered No
FULL NAME Jennie Harvey Ele	St.; Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and number. If awayfrom usual residence, give 'Special Information' below.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female COLOR Volute.	DATE OF (Month) (Day) (Year)  DEL 13 190 7
DATE OF BIRTH (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended deceased from
AGE 59 years, 8 months, 4 days	that I last saw here alive on The 13, 190,1, and that death occurred, on the date stated above, at 11'M.
SINGLE, MARRIED, WIDOWED, OR DIVORCED	The CAUSE OF DEATH was as follows:
AGE AT MARRIAGE, NUMBER OF CHILDREN    Parent ofchildren, of whomare it/ing	*
BIRTHPLACE (State or country) New York.	Contributory
NAME OF FATHER J. Brown.	(Signed) UR-lealur M. D.
BIRTHPLACE OF FATHER (State or country)	Dil 1989 (Address) Prunton W
MAIDEN NAME OF MOTHER DIPATRICAL	SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:  Former or How long at usual residence
BIRTHPLACE of MOTHER (State or country)	Where was disease contracted, if not at place of death?
House Tite	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 190_7
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST	UNDERTAKER & a. Rom Irun aton Drum
(Address)	Filed G. R. Ceally
(OVER)	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, pre-pared by the Committee of the American Public Health Association and adopted by the U.S. Census Office.)

## CERTIFICATE OF DEATH.

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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.

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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

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#### LAW.

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> Filed in the Office of District Court, Istille Lacs County, Kinn Lebruary 10 A.D. 191 Roll of King Clerk

County of Prince Lors Township of Princeton	STATE OF MINNESOTA DIVISION OF VITAL STATISTICS
or	CERTIFICATE OF DEATH
Village of	Registered No
FULL NAME anna maria a	St.; Ward) [Ii death occurred in Hospital or Institution give its NAME instead of street and number. I away from usual residence give "Special Information" below.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR	DATE OF (Month) (Day) (Year)
DATE OF (Month) (Day) (Year)  James 2 1839	I HEREBY CERTIFY, That I attended deceased from  man, 190 7, to fam, 190 8
AGE	that I last saw halive on, 190and that death occurred, on the date stated above, atM The CAUSE OF DEATH was as follows:  Valuation heart direct
Parent of chi-dren, of whom are living  BIRTHPLACE (State or country)  Warrik Sweden	Contributory (DURATION) DAY:
BIRTHPLACE OF FATHER (State or country)	(Signed) N. C. Coorly M. D
MAIDEN NAME OF MOTHER  Martha Anderson  BIRTHPLACE OF MOTHER (State or country)	SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:  Former or How long at usual residence place of death? Day  Where was disease contracted, if not at place of death?
OCCUPATION  Houseuft  THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF	PLACE OF BURIAL OR REMOVAL  Berry Cens.  UNDERTAKER  ADDRESS  Princelton Muss
(Address) Primeton min (OVER)	Filed  apr 4 1908 Allo Henvelles  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.

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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

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Mille Lacy County, Minn.

A .....

PLACE OF DEATH	STATE OF MINNESOTA		
County of Bulle Loses	DIVISION OF VITAL STATISTICS		
Township of Princetton  Village of Or	CERTIFICATE OF DEATH  Registered No		
City of (No	St.; Ward)  [Ii death occurred in Hospital or Institution give its NAME instead street and number. away from usual residenc give "Special Information" below.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
SEX COLOR	DATE OF (Month) (Day) (Year)  Jan 16 190 8		
DATE OF (Month) (Day) (Year	I HEREBY CERTIFY, That I attended deceased from		
AGE  2 years, / months, / d  SINGLE MARRIED. WIDOWED, OR DIVORCED	that I last saw hamalive on des 38, 1908		
AGE AT MARRIAGE, NUMBER OF CHILDREN  Parent of chi-dren, of whoma  BIRTHPLACE (State or country)			
NAME OF FATHER  BIRTHPLACE OF FATHER  BIRTHPLACE OF FATHER  (State or country)	Contributory  (Signed) 9. R. Cally M. D.  1-17.1908 (Address) Paintles Mer.		
MAIDEN NAME OF MOTHER Malissa Stone BIRTHPLACE	SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:  Former or How long at usual residence place of death?		
OF MOTHER (State or country) Led. Jasper Co.	Where was disease contracted, if not at place of death?  PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  PLACE OF BURIAL  DATE OF BURIAL  190		
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BOOF MY KNOWLEDGE AND BELIEF	UNDERTAKER C. ROSO Priveton		
(Address) Princeton Muni	Filed  Jan 20 1908 Otto Herschel  Registrar		

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#### LAW.

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Mille Lacs County, Ninn.
March 6, A.D. 1909
Robb H. King Olerk.

## RECORD. PERMANFNT BINDING V 2 -THIS FOR UNFADING INK RESERVED MARGIN WITH PLAINLY WRITE

PLACE OF DEATH

#### County of A DIVISION OF VITAL STATISTICS Township of / renel CERTIFICATE OF DEATH Village of Registered No. (No ... City of St.;\_\_\_\_ Ward) [Ii death occurred in a In death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.] DEATH MEDICAL CERTIFICATE OF PERSONAL AND STATISTICAL PARTICULARS DATE OF (Month) (Day) (Year) SEX COLOR DEATH 23 190 8 (Month) (Day) (Year) DATE OF BIRTH I HEREBY CERTIFY, That I attended deceased from 14 1863 AGE that I last saw he alive on \_\_\_\_months, .\_ /\_\_\_\_days vears. and that death occurred, on the date stated above, at 430 M. SINGLE MARRIED The CAUSE OF DEATH was as follows: WIDOWED, OR DIVORCED AGE AT MARRIAGE. If married, age at (first) marriage years NUMBER OF CHILDREN Parent of \_\_\_\_\_ chloren, of whom \_\_\_\_\_are living BIRTHPLACE (DURATION) 2900 (State or country) Skan NAME OF FATHER (DURATION) \_\_\_DAYS (Signed) M. D. BIRTHPLACE OF FATHER (State or country) SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents: MAIDEN NAME OF MOTHER Former or How long at usual residence place of death? BIRTHPLACE Where was disease contracted, OF MOTHER if not at place of death? (State or country) OCCUPATION PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1900 THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST ADDRESS UNDERTAKER OF MY KNOWLEDGE AND BELIEF (Informant) Pm. Filed Registrar (OVER)

STATE OF MINNESOTA

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 mak-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 subregistrars, but by the 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 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 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.

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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 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 registress. trars. Physicians should have a supply of blanks on hand, and in the event of death, kindly leave the med-ical 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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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, March 6, A.D. 1 909 Robh W. King Olerk.

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

County of Mile Laws			STATE	OF M	INNE STATIST				
Township of Runcitor			CERTIFICATE OF DEATH						
Village of _							Registere	d No	
FULL NA	AME	Maen.	hes Sc	anford	s	t.;'	Hospital give its 1	ath occurred in a or Institution, NAME instead of nd number. If m usual residence, pecial Informa- low.]	
PERSON	VAL AND STATIS	TICAL PARTIC	CULARS		MEDICAL C	ERTIFICAT	E OF DEATH		
SEX	SEX 7. COLOR				(Mon	th)	(Day)	(Year)	
DATE OF BIRTH	(Month)	(Day)	(Year) 1842		EBY CERTI		4.1	leceased from	
SINGLE MAR	SINCLE MARRIED. —WIDOWED, OR DIVORCED.				that I dast saw here alive on Feb. 190. 8 and that death occurred, on the date stated above, at 5-4M. The CAUSE OF DEATH was as follows:				
AGE AT MARE NUMBER OF C	AGE AT MARRIAGE, NUMBER OF CHILDREN    Parent of				Chrome	Bri	ghts o	liseasé	
Stanley Hall, Gate Co. M. Y. NAME OF FATHER  H. Burk				Contributory	, Info T. L. A	men	(duration)	/ D DAYS	
BIRTHPLACE OF FATHER (State or country)  MAIDEN NAME OF MOTHER			190_(Address) Trucelou						
			SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:  Former or How long at usual residenceDays						
BIRTHPLACE OF MOTHER (State or country)				Where was disease contracted, if not at place of death?					
OCCUPATION X X				PLACE OF BURIA	1 11 1	Peru	DATE OF BURIAL	3 - 190.8	
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF				E. a.	Ross		ADDRESS Pri	nectou	
(Address) Princeton (OVER)				5-11- 190 8 Otto Heuschel Registrar					

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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.)

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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

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.

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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. 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

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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, March 6. A.D. 1909 Rolf D. King Olerk.

# BACK CAREFULLY BINDING C 0 ERVED READ INSTRUCTIONS S RE MARGIN

# RECORD PERMANENT A S INK-THIS UNFADING WITH PLAINLY WRITE

#### PLACE OF DEATH

Township of Princeton

Village of.....

County of ....

## STATE OF MINNESOTA

DIVISION OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Registered No.....8... 

FULL NAME

Millelacs

away from usual residence, give "Special Informa-tion" below.

### PERSONAL AND STATISTICAL PARTICULARS

SEX	F	COLOR	V
DATE OF BIRTH	(Month)	(Day)	(Year)
AGE			

.....years, ...... months, ......days SINGLE, MARRIED WIDOWED, OR DIVORCED

15 marriage AGE AT MARRIAGE, If married, age at (first) .... Schildren, of whom are living

BIRTH PLACE (State or Country)

Canada

OCCUPATION

Housewife

NAME OF FATHER

Faul Peter

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

(OVER)

## MEDICAL CERTIFICATE OF DEATH

DAT	E OF DEATH	Mar		29	19 08	
	I attended decease	(Month)	Mar	(Day) 19	(Year)	
ioMa	Mar	29	190	08, I last saw h er		
	Mar 2	7	19.08	., and I HERE	BY CERTIFY	

that death occurred on the date above at .... The DISEASE

MEANS OF DEATH\* CAUSING DEATH or-(Deaths from violence) Duration in Yrs., Months Days, or Hours

12 da

Pneumonia

Resulting in or Aided by:.

Caley (Signed) 19 08 (Address)....

\*State how injury occurred and whether Accidental? Suicidal? Homicidal? SPECIAL INFORMATION only for Hospitals, Institutions, Translents or Recent Residents:

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

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

PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Brinceton Minn

UNDERTAKER EA

Ross

ADDRESS Princeton

Filed

Otto Henschel 15 10 08 Registrar

Address.

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

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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. right-hand corner.

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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 subregistrars, 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 filled 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 a relative or friend of the decedent, or by some competent person acquainted with t

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 recruit for the health of the party of the property in the state of cause of the control of the death occurred.

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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 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 extend it to the bogonatorial the bedden agency it to be a second or the company who must attach it to the box containing the body to accompany it to

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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.

Mille Lacs County, Minn,

County of Mulle Faces.  Township of Princetons.			STATE OF MINNESOTA				
			DIVISION OF VITAL STATISTICS  CERTIFICATE OF DEATH				
FULL NAM	лЕ <i>l</i>	hugusta	Klus	gheil	St.;	Hospital	ath occurred in a or Institution, NAME instead of an unmber. If an usual residence, pecial Informa- ow.]
PERSONA	L AND STATIS	STICAL PARTIC	CULARS		MEDICAL CERTIFICA	TE OF DEATH	
SEX 7		COLOR W.		DATE OF DEATH	(Month) May	(Day)	(Year)
DATE OF (Month) (Day) (Year)  Mch 6 1768			HEREBY CERTIFY, That I attended deceased from 5-10-, 190 \$ to 5-14-, 190 \$				
AGE			that I last saw h LL alive on 5-14-, 190 8 and that death occurred, on the date stated above, at P. M. The CAUSE OF DEATH was as follows:				
AGE AT MARRIAGE.  NUMBER OF CHILDREN  Parent of			1				
			Luth.	lem. Princetor	DATE OF BURIAL	7-190_8	
			UNDERTAKER See	ge P. Ross	ADDRESS	0 0	
			6-5-		Thens	ehel Registrar	

5-20-07-50.000

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Rolf H. King Olerk

PLACE OF DEATH	STATE OF MINNESOTA
County of Milledacs	DIVISION OF VITAL STATISTICS
Township of Princeton	CERTIFICATE OF DEATH
Village of	Registered No.
City of (No,	SEP 16 1908 St.; Ward) [It death occurred in a
FULL NAME Prie algot &	St.; Ward)  [It 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	MEDICAL CERTIFICATE OF DEATH
SEX male color White	DATE OF DEATH  Suly  (Year)  2 2   190
DATE OF BIRTH (Month) (Day) (Year) 15 1892	HEREBY CERTIFY, That I attended deceased from July 20, 1908, to July 22, 190
AGE 6 years, 3 months, 7 days	that I last saw bemalive on July 22, 190 %,
SINGLE MARRIED. WIDOWED, OR DIVORCED	and that death occurred, on the date stated above, atM.  The CAUSE OF DEATH was as follows:
AGE AT MARRIAGE, (If married, age at (first) marriage years	On to Sugar Dist
NUMBER OF CHILDREN  Parent of children, of whom are living	acute sugar mave
BIRTHPLACE	
(State or country) Surunavale Min	Outsile to the second s
NAME OF FATHER Eric Engsell	(Signed) A. C. COONLY M. D.
BIRTHPLACE OF FATHER (State or country)	July 390 \ (Address) Printeton, min
MAIDEN NAME OF MOTHER Cary 20 Cook	VSPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:  Former or How long at place of death? Days
BIRTHPLACE OF MOTHER (State or country)	Where was disease contracted, If not at place of death?
School mate	Oak Rumbern July 2 3 190.8
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF	UNDERTAKER A. ROSS ADDRESS Princeton
(Address Prince ton min	Filed Legot 51908 Otto Henschel
Route 4 Box 2 98	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" show'd 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 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.

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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 discause of death.

The undertaker or person in charge of the disosition 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

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.

Township.

Filed in the Office of District Court, Robin H. King

## RECORD PERMANENT d cn THIS INK UNFADING WITH PLAINLY WRITE

ZOZ 00 œ 0 RVED Ш S Ш or MARGIN

#### PLACE OF DEATH

Village of.....

County of

OR

City of.

SEX

DATE OF

BIRTH

AGE

Township of .... OR

FILL NAME

SINGLE, MARRIED

AGE AT MARRIAGE.

BIRTH PLACE

OCCUPATION

NAME OF FATHER

BIRTHPLACE

MAIDEN NAME

Miss

(State or Country)

(Informant) ...

(Address)

OF MOTHER

BIRTHPLACE OF MOTHER

OF FATHER (State or Country)

(State or Country)

NUMBER OF CHILDREN

Not

OF MY KNOWLEDGE AND BELIEF

WIDOWED, OR DIVORCED

lle Lacs

PERSONAL AND STATISTICAL PARTICULARS

(Month)

reb

.....years, ..... months,

COLOR

Princeton

Dehn

If married, age at (first) ..... marriage

Parent of .......children, of whom ...... are living

Minnesota

Known

Anna Dehn

Princeton

German/ THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST

(Year)

1909

## 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. away from usual residence, give "Special Informa-tion" below.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH reh 28 09 19..... (Month) (Day) (Year)

I attended deceased from .... 

19 and I HEREBY CERTIFY that death occurred on the date above at..... The DISEASE

MEANS OF DEATH\* CAUSING DEATH or-Yrs., Months was (Deaths from violence)

Inflammation of Bowels

6 da

Days, or

Sub-Registrar.

(Signed).

(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 1909

UNDERTAKER ADDRESS

Filed

Albert Kuhfield

Address

(OVER)

Resulting in

Registrar

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

(....)

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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.

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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 registrar lequired by a relative or friend of the decedent, or by some completed at the earliest possand and statistical particular

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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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. Lebruary 16, A.D. 1 910 RECORD

PERMANENT

d

2

INK-THIS

UNFADING

WITH

PLAINLY

WRITE

# PLACE OF DEATH

Village of.....

(Month)

Oct

Mille Lacs

Princeton

PERSONAL AND STATISTICAL PARTICULARS

COLOR

.....years, ...... months, .....days

Minnesota

Germany

Geramhy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST

Fred Schimming

Cess

Schimming

Gusta

(Day)

Single

If married, age at (first) ..... marriage

Parent of .......children, of whom ......are living

# STATE OF MINNESOTA

DIVISION OF VITAL STATISTICS

10

# CERTIFICATE OF DEATH

Registered No.....

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 Informa-tion" below.]

# FULL NAME

SINGLE, MARRIED

AGE AT MARRIAGE.

BIRTH PLACE

OCCUPATION

BIRTHPLACE

(State or Country) MAIDEN NAME

OF FATHER

OF MOTHER

BIRTHPLACE

OF MOTHER

(State or Country)

(Informant)

OF MY KNOWLEDGE AND BELIEF

NAME OF FATHER

(State or Country)

NUMBER OF CHILDREN

WIDOWED, OR DIVORCED

SEX

AGE

DATE OF BIRTH

County of ...

Township of......

Adolph Schimming

				7	=	
	í	ï				
	ı	ı				

(Year)

1883

MEDICAL CERTIFICATE OF DEATH

201100 00100	10 0 0 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
DATE OF DEATH			
	Apr	16	19 09
I attended deceased	(Month)	Apr (Day)	(Year)
Apr	16	19 09 , I last saw h	1m alive on
Apr 13		109 and I HEREB	Y CERTIFY

The DISEASE that death occurred on the date above at

CAUSING DEAT	DEATH	MEANS OF DEATH*	
CAUSING	DEATH	(Deaths from violence)	was
1	lenhr	itie	

Duration in Yrs., Months Days, or Hours JIS

Resulting in or Aided by:.

Princeton (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?...

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

DATE OF BURIAL PLACE OF BURIAL OR REMOVAL Minn Princeton

ADDRESS

UNDERTAKER

Geo P Ross

Princeton

Albert

Filed

Registrar

(OVER)

Princeton

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.

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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,
Mills Lace County, Minn.

Feling 16, A.D. 1916.

Gradt. M. Oring. Clark.

# FOR ERVED S Ш 00 MARGIN

# 0 COR Ш œ PERMANENT S THIS PLAINLY WITH UNFADING INK-M RIT

# County of City of...... (No............. PERSONAL AND STATISTICAL PARTICULARS SEX DATE OF (Month) (Day) BIRTH AGE /......years, ...../..........months, ...... 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) OCCUPATION NAME OF FATHER BIRTH PLACE OF FATHER (State or Country) MAIDEN NAME OF MOTHER BIRTH PLACE OF MOTHER (State or Country)

(Informant) ....

(Year)

(OVER)

PLACE OF DEATH

# STATE OF MINNESOTA

**DIVISION OF VITAL STATISTICS** 

# CERTIFICATE OF DEATH

losy	away from	n usual residence pecial Informa- ow.]
MEDICAL CERTIFIC	CATE OF DEATH	
DATE OF DEATH (Month)	(Day)	19.09 (Year)
I attended deceased from	(Day)	19
to	19 I last say	w halive or
0 0 4		EBY CERTIFY
that death occurred on the date above a	nt. 5.30 (P. M.	The DISEASI
CAUSING DEATH { or (Death from v	- was	Duration in Yrs., Months Days, or Hours
Dolar neum	onia	720
Resulting in or Aided by:  (Signed)  197 (Address* *State how injury occurred and whether	Symmet	M. D.
SPECIAL INFORMATION only for Hospitals, Insti Former or usual Residence	How long at place of deat	
Where was disease contracted, if not at place of death		
PLACE OF BURIAL OR REMOVAL	DATE OF BU	IRIAL 19.79
a. Ev. Pearo	Duin	ceton
Filed 1909 ale	Hert Ken	Mield

Sub-Registrar,

Registered No.....

[If death occurred in a

Hospital or Institution, give its NAME instead of

10-11-09.

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 dving away from home should be given in every instance.

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The undertaker or the person in charge of the disposition

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Filed in the Office of District Court. Lebrusry 16, A. D. 1910

MARGIN RESERVED FOR BINDING  ***********************************		
SCIN RESERVE	BINDING	A PERMANENT RECORD
SCIN RESERVE	me.	S
	MARGIN RESERVED FO	ILY WITH UNFADING IN

# PLACE OF DEATH County of. Township of .. OR Village of .... OR City of ..... PERSONAL AND STATISTICAL PARTICULARS SEX COLOR DATE OF (Month) (Day) (Year) BIRTH AGE .....years, ......months, ......days SINGLE, MARRIED WIDOWED, OR DIVORCED If married, age at (first)......marriage AGE AT MARRIAGE. NUMBER OF CHILDREN BIRTH PLACE (State or Country) OCCUPATION (Signed) 1: 17: ally M. D. \*State how injury occupied and whether Accidental Suicidal Homicidal NAME OF FATHER BIRTH PLACE (State or Country) MAIDEN NAME OF MOTHER BIRTH PLACE OF MOTHER (State or Country) TRUE TO THE

# STATE OF MINNESOTA

**DIVISION OF VITAL STATISTICS** 

# CERTIFICATE OF DEATH

Registered No.... [If death occurred in a (No......St.: .....Ward)

Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Informa-tion" below.]

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	09
(Month) (Day)	(Year)
I attended deceased from	19.9
to	halive on
	BY CERTIFY
that death occurred on the date above at . 7	The DISEASE
CAUSING DEATH { or (Death from violence), } was	Duration in Yrs., Months, Days, or Hours
Chronic Brights Diseas	e 12 9/36
Resulting in or Aided by:	

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

(OVER)

Registrar Address.....

Sub-Registrar

10-11-09. 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

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Do not fail to mail all certificates of death filled 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 subwithout fail. The certificates should not be numbered by the sub-registrars, but by the local registrars, who record and transmit as if

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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 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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Filed in the Office of District Court. Mille Lace County, Minn. ebruary 16, A.D. 1916 0

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Village of .....

# 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. If away from usual residence, give "Special Information" below.]

Sub-Registrar,

OR

OR

# PERSONAL AND STATISTICAL PARTICULARS

SEX	1	COLOR OF			
DATE OF BIRTH	(Month)	(Day)	(Year)		
AGE			. h		

	onths,days
SINGLE, MARRIED	
WIDOWED, OR DIVORCED	

	Mound
AGE AT MARRIAGE, NUMBER OF CHILDREN	If married, age at (first)marriag

	Parent of children, of whom are living
BIRTH PLACE (State or Country)	_0

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NAME OF FATHER			
FAIRER			
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BIRT	H	PLACE
OF F		
(State	or	Country)

OF MOT	THER

BIRTH	PLACE
OF MO	THER
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THE	ABOVE	STATED	PERSONAL PARTICULARS	ARE	TRUE	то	тн
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(Informant) It V . I	nancio
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(Address)	roceron

# MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH  Sop 211	.09
(Month) (Day)	(Year)
to 1997, I last sa	19.7
	REBY CERTIFY
that death occurred on the date above at	. The DISEASE
( MEANS OF DEATH* )	Duration in

CAUSING DEATH -	MEANS OF DEATH*	was	Duration in Yrs., Months
CHOSHIG DENTH	or (Death from violence)	(was	Days, or Hours
( out	meal + 78	enal	
		,	
	tral requir		
	p		
(Signed)	e apones	f	. M. D.

State how injury occurred and	(Address) whether Acci	dental	Suicidal	Homicida
SPECIAL INFORMATION only for Hos	pitals, Institutions,	Transients	or Recent	Residents :

Former or usual Residence	How long at
Where was disease contracted,	

not at	prace	e of death.	• • • • •				
LACE	OF	BURIAL	OR	REMOVAL	DATE	OF	BURIAL

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UNE	DERTAKE	R		

ADDRESS	
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30,000. 10-11-09.

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Filed in the Office of District Court. Telmary 16, A.D. 1910

Roll of King. Olerk

# CAREFU ED RV INSTRUCTIONS Ш (1) ш MARCIN

# County of. OR 0 OR ECOR ď A PERMANENT SEX DATE OF BIRTH THIS IS AGE ZKI SINGLE, MARRIED NFADING AGE AT MARRIAGE. BIRTH PLACE (State or Country) כ PLAINLY WITH OCCUPATION NAME OF FATHER BIRTH PLACE OF FATHER (State or Country) WRITE MAIDEN NAME OF MOTHER BIRTH PLACE OF MOTHER (State or Country) THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE

(Informant)

(Address)....

# STATE OF MINNESOTA PLACE OF DEATH DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH Registered No..... [If death occurred in a Village of ..... Hospital or Institution, give its NAME instead of .....St.; .......Ward) street and number. If away from usual residence, give "Special Informa-tion" below.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS DATE OF DEATH COLOR (Month) (Day) (Year) I attended deceased from ..... (Month) (Day) (Year) MEANS OF DEATH\* Duration in Yrs., Months, WIDOWED, OR DIVORCED (Death from violence) Days, or Hours If married, age at (first).....marriage NUMBER OF CHILDREN Parent of . . . . . children, of whom . . . . . are living Resulting in or Aided by: ... \*State how injury occurred and whether Accidental Suicidal Homicidal SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents: 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 UNDERTAKER

Filed

(OVER)

10-11-09. 30,000.

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Filed in the Office of District Court, Telenwary 10, A.D. 1911

Elinary Olerk County of

OR

SEX

DATE OF

SINGLE, MARRIED WIDOWED, OR DIVORCED

AGE AT MARRIAGE.

BIRTH PLACE (State or Country)

OCCUPATION

BURTH PLACE

OF FATHER (State or Country)

MAIDEN NAME

BIRTH PLACE OF MOTHER

(State or Country)

THE ABOVE STATED PERSONAL

BEST OF MY KNOWLEDGE AND BELIEF

OF MOTHER

NAME OF FATHER

NUMBER OF CHILDREN

BIRTH

AGE

Village of .....

(Month)

# BACK CAREFULL ONO 28 00 0 ED N INSTRUCTIONS Ш (1) M 00 MARCIN

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# PLACE OF DEATH

# 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. If away from usual residence, give "Special Information" below.

Sub-Registrar

(Day)

If married, age at (first).....marriage

Parent of . . . . . children, of whom . . . . . are living

......years, ......months, ......days

PERSONAL AND STATISTICAL PARTICULARS

(No.....

(Year)

TRUE TO THE

(OVER)

# MEDICAL CERTIFICATE OF DEATH

-			
D.	ATE OF DEATH	200	1
1		/	19
	(Month)	(Day)	(Year)
	I attended deceased from	Jun 5	19
to	2/14	19, I last sa	w halive o
		19/0 and I HE	REBY CERTIF
	CONTRACTOR OF THE STATE OF THE	1,100	BURN CONTRACTOR

	that death occurred on	the date above at	· · · · · · · · · · · · · · · · · · ·	ne DISEASE
CAUSING DEATH	MEANS OF DEATH*	1	Duration in Yrs., Months,	
	or (Death from violence)	was	Days, or	
	3	n 11.	-	Hours
ŀ	Cleude	mebhrus	60	
l		10.0		
	Resulting in or Aided by:	botheria		
l		0 0 4		
l	Tono	L Manys	Tilse.	]
	(Signed)			M. D.

\*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

UNDERTAKER

ADDRESS

Filed

Registrar Address.....

(Informant)

10-11-09. 30,000.

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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. Jelenuary 10 1 1911 Roll of King. Clark.

# 0 LL. OH 0 INSTRUCTIONS ш (1) Ш 00 MARCIN

# 0 COR Ш C PERMANENT S SI INK-T 0 DIN NFA ) PLAINLY WITH 녜 H œ 3

# PLACE OF DEATH County of .... Mande Township of Munice OR Village of .... OR City of..... (No..... PERSONAL AND STATISTICAL PARTICULARS COLOR DATE OF (Day) (Month) (Year) BIRTH AGE ....years, .....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) OCCUPATION NAME OF FATHER BIRTH PLACE OF FATHER (State or Country) MAIDEN NAME OF MOTHER BIRTH PLACE OF MOTHER (State or Country)

# 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. If away from usual residence, give "Special Informa-

tion" below.]

# MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	2	20	)	1960
	(Month)	(Day)		(Year)
I attended decea	sed from			19
to		19	, I last saw h	alive or
		19, ar	d I HEREB	Y CERTIFY
that death occurred o	n the date abo	ve at	М. Т	he DISEASE
CAUSING DEATH	) 0-	F DEATH*	was	Duration in Yrs., Months Days, or
Chuon	ir m	itral	Dese	Hours
Resulting in or Aided by:	rung	Vate	21	
	?, <i>f</i>			
(Signed)X	0.0	mey.		M. D.
	19 (Add	iress)		

# \*State how injury occurred and whether Accidental Suicidal Homicidal SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual Residence	
WT	

if not at place of death.....

## PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Jumas In-	423
romecon	
IDERTAKER	ADDRESS

Filed

UN

(OVER)

Registrar

1

(Informant)....

....19.

Sub-Registrar

10-11-09. 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

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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.

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 certficates of death filed with you to the Secretary of the State Board of Health, St. Paul, Minn., before the tenth (16th) 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 villarge 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 contain

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

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, viliage or city where the death occured, 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

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Lebruary 10 A.D. 1911

# READ INSTRUCTIONS ON BACK CAREFULLY BINDING FOR RVED Ш S Ш C MARGIN

# RECORD PERMANENT 4 8 UNFADING INK-THIS WITH PLAINLY -WRITE

(Address)

# PLACE OF DEATH

# STATE OF MINNESOTA

DIVISION OF VITAL STATISTICS

# CERTIFICATE OF DEA

IH	1	0
Registered	No	Y

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

# MEDICAL CERTIFICATE OF DEATH

Ward)

DATE OF BRAIN	april	4	19/0
1	(Month)	(Day)	(Year)
I attended dec	eased from		19
to	19	I last saw	halive on
	19		
	on the date above at		
CAUSING DEATH	MEANS OF DEATH	ce) was	Duration in Yrs., Months Days, or Hours
In prisa	of als	***************************************	
Resulting in or Aided by:			
And The control of th	dir in atter		
*State how injury	occurred and whether	Accidental? Suicid	al? Homicidal?
SPECIAL INFORMATION	only for Hospitals, Institu	itions, Transients or	Recent Residents:
Former or usual Residence		How long at place of death	1?Days
Where was disease co			

PLACE OF BURIAL OR REMOVAL

Address

Filed

(OVER)

DATE OF BURIAL

ADDRESS

County Township OR Village OR (No .. City of. PERSONAL AND STATISTICAL PARTICULARS COLOR SEX (Month) (Day) (Year) DATE OF BIRTH AGE months. vears. SINGLE, MARRIED WIDOWED, OR DIVORCED AGE AT MARRIAGE. If married, age at (first) \_marriage NUMBER OF CHILDREN .children, of whom. are living BIRTH PLACE (State or Country) OCCUPATION NAME OF FATHER BIRTHPLACE OF FATHER (State or Country) MAIDEN NAME OF MOTHER BIRTHPLACE OF MOTHER (State or Country) THE ABOVE STATED PERSONAL PARTICULARS OF MY KNOWLEDGE AND BELIEF (Informant)

Registrar

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.

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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.

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# RECORD PERMANENT PLAINLY, WITH

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## 1PLACE OF DEATH STATE OF MINNESOTA County /// // // CO CERTIFICATE OF DEATH Township Markelow Registered No..... Village ..... [If death occurred in a hospital or institution, give its NAME instead of street and number FULL NAME CHICANA PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 Single, 3SEX 4 Color or Race 16 DATE OF DEATH Married, Widowed, or Divorced, (Write the word) (Month) (Day) 6DATE OF BIRTH I-HEREBY CERTIFY, That I attended deceased from (Year) (Month) (Day) 7AGE If LESS than 1 day, .... hrs. and that death occurred, on the date stated above, at.....m. or .... min.? The CAUSE OF DEATH\* was as follows: 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 10 Name of Father Contributory..... Secondary 11 Birthplace of Father (State or country) PARENTS (Signed) / M. D. 12 Maiden Name of Mother \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 13 Birthplace of Mother (State or country) 18 LENGTH OF RESIDENCE (for Hospitals, Institutions, Transients, or Recent Residents) 14 The above is true to the best of my knowledge At place 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 15 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Registrar 20 UNDERTAKER ADDRESS

3-1-10. 50,000

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Filed in the Office of District Court,
Mille Lace County, Mian

Lebruary 10 A.D. 1911

Colored J. Clark.

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1PLACE OF DEATH STATE OF MINNESOTA County CERTIFICATE OF DEATH Registered No. Village ..... [If death occurred in a hospital or institution, give its NAME instead of street and number <sup>2</sup>FULL NAME ..... PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH Single, Married, 3SEX 16 DATE OF DEATH 4 Color or Race Widowed, or Divorced, (Write the word) (Month) (Day) (Year) 6DATE OF BIRTH I HEREBY CERTIFY, That I attended deceased from (Day) (Year) (Month) that I last saw haralive on 2/4 1910 7-AGE If LESS than 1 day,....hrs. or .... min. ? ..... yrs...... mos......ds. The CAUSE OF DEATH\* was as follows: 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 (Duration) yrs. mos. & ds. 10 Name of Father Contributory Secondary (Duration) // yrs. mos. ds. 11 Birthplace of Father (State or country) (Signed) ..... 12 Maiden Name of Mother ..... 191.0. (Address) / Micelon \*State the Disease Causing Death, or, in deaths from Violent Causes, state
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H.M.

3-1-10. 50,000

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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 occured, and obtain his permit for the burial or removal of the body before any disposition is made of it.

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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 Lace County, Milan Jebruary 10 A.D. 1911

ORable of Ching. Olark.

Registered No....

If death occurred

ADDRESS

# A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

ACE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very READ INSTRUCTIONS ON BACK CAREFULLY Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

	1PLA	CE OF DEATH	Ţ	S	
(	County	ullali	co.		
-	Township	Trincell			
1	or Village				
(	or City		(No	),	
	$^2\mathbf{F}$	ULL NAME	Nen	non	
	PERSON	AL AND STATIST	CAL PARTIC	ULARS	
3	SEX	4 Color or Race	Single, Married, Widowed, or Diverced (Write the we	l,	
6	DATE OF BII	ктн	1 (111000 010)		
	6	may (Mon	(d)	Day) (Year)	
7	AGE	yrsmos	de	If LESS than 1 day,hrs. ormin.?	
	(a) Trade, Profe particular kind (b) General natu business, or est which employed	ssion, or of work re of industry, ablishment in			
9	BIRTHPLACI (State or countr	Ey O	22		
	10 Name of F	ather B	nen	m	
Birthplace of Father (State or country)					
PARENTS	12 Maiden Name of Mother				
	13 Birthplace of Mother (State or country)				
	The above is t	rue to the best of r	ny knowledge S ZLM	m	
15 F	iled July	15, 191 0, I	ncetor	Registrar	

# TATE OF MINNESOTA

**DIVISION OF VITAL STATISTICS** 

# CERTIFICATE OF DEATH

andern	m Brena	Ward) in a hospital or institution, give its NAME instead of street and number]
ME	DICAL CERTIFICATE	OF DEATH
16 DATE OF DEA	rH (Month)	/O (Day) , 1912 (Year)
that I last saw h.	, 1910, to	attended deceased from , 1910 , 1910 , 1910 stated above, at 5m.
101	DEATH* was as f	100%
		.yrsds.
Contributory Secondary (Signed)		yrs. mos. ds. , M. D.
*State the DISEASE C (1) MEANS OF INJURY;	AUSING DEATH, or, in deat and (2) whether Accident	hs from Violent Causes, state al, Suicidal, or Homicidal.
18 LENGTH OF RE or Recent Reside At place	ESIDENCE (for Hospitalis)  In the	als, Institutions, Transients,yrsmosds.
19 PLACE OF BURI	AL OR REMOVAL	DATE OF BURIAL

3-1-10. 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 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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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 follow-

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Filed in the Office of District Court, Lina Lace County, Kinn Lebruary 10, A. D. 1 911

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B.

PLACE OF DEATH	STATE OF MINNESOTA DIVISION OF VITAL STATISTICS
County	CERTIFICATE OF DEATH
Township June tou	Registered No2 /
Village	[If death occurred
	St.; Ward) in a hospital or institution, give its NAME instead of street and number]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3SEX  4 Color or Race  Married, Widowed, Widowed, or Divorced, (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
6DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	Oct , 19D9, to June 72, 191.6'
7 AGE (mphili) (Day) (1841)	that I last saw h. 4. alive on June 22, 191.6,
7 4 vrs mos ds ormin.?	and that death occurred, on the date stated above, atm.
8 OCCUPATION	The CAUSE OF DEATH* was as follows:
(a) Trade, Profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer).	Chronie myoeardilio
9 BIRTHPLACE (State or country Frew Brungwick	(Duration) yrs. mos. ds.
10 Name of Father Robt, Benson	Contributory Secondary
11 Birthplace of Father (State or country) 12 Maiden Name of Mother	(Signed) N. C. Cook, M. D.
12 Maiden Name of Mother	, 191 (Address) Prince ton
13 Birthplace of Mother	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
(State or country)	18 LENGTH OF RESIDENCE (for Hospitals, Institutions, Transients, or Recent Residents)
14 The above is true to the best of my knowledge (Informant). Robt. Slews	At place In the of deathyrsmosds. Stateyrsmosds. Where was disease contracted, If not at place of death?
(Address)	usual residence
Filed July 21, 1910, Jos. Johnson Registrar Address Princeton, min	Ounce for Burial or REMOVAL  Ounce for Date of Burial  Ounce for Date of Burial  Ounce for Burial  Oun
	private to the

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# CERTIFICATE OF DEATH

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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 follow-

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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

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ed in the Office of District Court, Lille Lace County, Finn
Lebruary 10 A. D. 1911
Roll. J. King. Clerk.

.....Sub-Registrar

# N. B. - Every item of information should be carefully supplied. ACE 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. WRITE PLAINLY, WITH UNFABING INK-THIS IS A PERMANENT RECORD READ INSTRUCTIONS ON BACK CAREFULLY

1PLACE OF DEATH  County mill Lars	STATE OF MINNESOTA DIVISION OF VITAL STATISTICS
O: 1	CERTIFICATE OF DEATH
Township I punce from	Registered No2.2
Village	[If death occurred
City(No,	
<sup>2</sup> FULL NAME	Kenfield of street and number]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3SEX 4 Color or Race Single, Married, Widowed, Widowed, or Divorced, (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
6DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
10 - 26 1843	3, 191 O, to & -14 , 191 O
(Month) (Day) (Year) 7AGE If LESS than	that I last saw h. 4. alive on 8 - 2 3, 191,
1 day,hrs.	and that death occurred, on the date stated above, atQm.
ds. ormin.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION  (a) Trade, Profession, or particular kind of work.  (b) General nature of industry, business, or establishment in the state of the sta	Cardinoma of livre
9 BIRTHPLACE	11
(State or country Mass.	(Duration)2 yrsmosds.
10 Name of Father	Contributory
20 11 Birthplace of Father (State or country)	(Duration) yrsmosds.
mass.	(Signed) /4 & Comment M. D.
11 Birthplace of Father (State or country)  12 Maiden Name of Mother  Charlotte Kenfield	*State the DISEASE CAUSING DEATH OF IN deaths from VIOLENT CAUSES, state
13 Birthplace of Mother (State or country)	*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,
14 The above is true to the best of my knowledge	or Recent Residents) At place In the
(Informant) a. E. Kenfield	of deathyrsmosds. Stateyrsmosds.  Where was disease contracted, If not at place of death?
(Address)	Former or usual residence
Filed 191 Jos Johnson	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Registrar	20 UNDERTAKER ADDRESS
Address	Jos. P. Ross Princeton

3-1-10. 50,000

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Filed in the Office of District Court,
Laws County, I am

Lebruary 10 . D. 1911

Olerko

DATE OF BURIAL

15

# RECORD PERMANENT BACK NO WRITE PLAINLY, WITH pe

ild be stated EXACTLY. PHYSICIANS should state classified. Exact statement of OCCUPATION is very County... Township... Vulage ..... City .....(No. <sup>2</sup>FULL NAME ..... PERSONAL AND STATISTICAL PARTICULARS <sup>5</sup>Single, Married, Widowed, BSEX 4 Color or Race or Divorced, (Write the word) 6DATE OF BIRTH (Month) (Dav) If LESS than 7AGE 1 day .... hrs. ACE shou or .... min.? ..... yrs..... mos......ds. 8 OCCUPATION (a) Trade, Profession, or particular kind of work. carefully supplied. so that it may be of certificate. (b) General nature of industry. business, or establishment in which employed (or employer)..... 9 BIRTHPLACE (State or country 10 Name of Father 11 Birthplace of Father (State or country) PARENTS terms, Every item of information should CAUSE OF DEATH in plain terr important. See instructions on by 12 Maiden Name of Mother 13 Birthplace of Mother (State or country) 14 The above is true to the best of my knowledge (Informant) (Address) 15

1PLACE OF DEATH

# STATE OF MINNESOTA CERTIFICATE OF DEATH Registered No. 23 [If death occurred in a hospital or institution, give its NAME instead of street and number] MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from (Year)

, 272, 272
that I last saw h, alive on, 191,
and that death occurred, on the date stated above, atm.
The CAUSE OF DEATH* was as follows:
Stattborn
Mullborn
(Duration)yrsmosds.
Contributory
(Signed) (Duration) yrs. mos. ds.
, 191 (Address)
*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 In the of deathyrs,mosds. Stateyrsmosds.
of deathyrs,mosds. Stateyrs,mosds. Where was disease contracted,

If not at place of death?.....

usual residence .....

19PLACE OF BURIAL OR REMOVAL

Former or

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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 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.

of the certificate in the lower right-hand corner.

Please examine the certificate carefully before mak-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 eannot 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. institutions, etc.

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

INSTRUCTIONS TO SUB-REGISTRARS.—Licensed embalmer, when duly atuhorized 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 ordinances requiring burial permits). They must first have the certificates com-pletely 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 regisand 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. 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 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. 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 cau-tion in granting such conditional permits to insure that the death did not result from any infectious dis-ease 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.

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

certificate of death, containing the medical certificate of cause of death, to the registrar of the township, village or city where the death occured, 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 argunt of the transportation commany. 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 ordi-

nances 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 regisand 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 greetly appreciated. grealy appreciated.

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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 give the name of the disease that caused the "heart failure."

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

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

the Office of District Court. Tebruary 10 AD