



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

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1. PLACE OF DEATH

County Isanti
 Township Wyandette
 or
 Village
 or
 City

COPY

STATE OF MINNESOTA

Division of Vital Statistics

CERTIFICATE OF DEATH

Reg. District No. _____ No. in Registration Book 2
 (Above numbers to be filled in only by local registrar or his deputy.)

No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME WINENT MYER RADEKE

(2a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
 (If nonresident give city or town and State)

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (WRITE THE WORD) Single

5a. If married, widowed or divorced
 HUSBAND of
 (or) WIFE of

6. DATE OF BIRTH (month, day, and year) December 1, 1895

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
19 1 17

OCCUPATION
 8. Trade, profession, or particular kind of work done, as engineer (type of) miner, sawyer, bookkeeper, etc. Going to School
 9. Industry or business in which work was done, as railway, mine (kind of), saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wyandette, Minn.
 (State or country)

13. NAME Ernest Radeke

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

15. MAIDEN NAME Emma Meyer

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

17. INFORMANT Ernest Radeke
 (Address) Princeton, Minn.

18. PLACE OF BURIAL Town Princeton Date Jan. 20, 1915
 (Cremation—No. Yes)

19. UNDERTAKER Geo. P. Ross Princeton, Minn.
 (Address)

20. Filed Jan. 25, 1915 E. Lundgren
 Registrar.

21. DATE OF DEATH (month, day, and year) Jan. 17, 1915

22. I HEREBY CERTIFY, That I attended deceased from on January 17, 1915

I last saw him alive on 17th Jan., 1915; death is said to have occurred on the date stated above, at 3 P. M.

The PRIMARY UNDERLYING CAUSE of death was

Acute dilatation of heart Duration 2 days

Contributory causes of importance in order of onset: Duration
 (1) not known
 (2)
 (3)

Did an operation precede death?

If so, state condition for which it was undertaken

Date of operation _____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Thos. L. Armitage, M. D.

Jan. 18, 1915 (Address) Princeton, Minn.

MARGIN RESERVED FOR BINDING

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

Sub-Registrar

Received 19____

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

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

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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Example II

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

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING