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

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Version 3
August 20, 2018

BOOTH'S

REGISTER OF BIRTHS AND DEATHS

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BOOTH'S

REGISTER OF BIRTHS AND DEATHS

FOR REGISTERING THE FACTS CONCERNING THE BIRTHS AND DEATHS
OCCURRING AT THE TIMES AND DURING THE YEARS
HEREIN DESIGNATED

MINNEAPOLIS
WALTER S. BOOTH & SON, PUBLISHERS

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BIRTHS

DEATHS

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BIRTHS

BIRTHS

PLACE OF BIRTH

County of Mille Lacs

Township of Princeton

or

Village of

or

City of (No. 2841, St.; Ward)

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 67

FULL NAME OF CHILD Martin Dalehow (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other? and Number in order of Birth	Legitimate?	Date of Birth
Male		yes	Month Oct Day 19 Year, 1917

FATHER		MOTHER	
FULL NAME	Emil Dalehow	FULL MAIDEN NAME	Helen Hoeft
RESIDENCE	Princeton	RESIDENCE	Princeton
COLOR OR RACE	White	COLOR OR RACE	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of Child of this Mother 2

Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on ..... 19..., at ... M.

(Signature) Emil Dalehow

Dated Oct 19th 1917, (Attending physician, midwife, father, etc.)

Address

Given or Christian name added from a supplemental report ..... 19...

REGISTRAR

Filed Oct 30th, 1917, Albert Kuhfield REGISTRAR

Address Princeton Minn

PLACE OF BIRTH

County of Mille Lacs

Township of Princeton

or

Village of

or

City of (No. , St.; Ward)

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 8

FULL NAME OF CHILD Friedrich Bernhard Kormann (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other? and Number in order of Birth	Legitimate?	Date of Birth
Male		yes	Month Oct Day 15 Year, 1917

FATHER		MOTHER	
FULL NAME	Robert Kormann	FULL MAIDEN NAME	Hannah Kormann
RESIDENCE	Princeton	RESIDENCE	Princeton
COLOR OR RACE	White	COLOR OR RACE	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of Child of this Mother 8

Number of Children of this Mother now living 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on ..... 1917, at P. M.

(Signature) Robert Kormann

Dated ..... 19..., (Attending physician, midwife, father, etc.)

Address

Given or Christian name added from a supplemental report ..... 19...

REGISTRAR

Filed Nov 8th, 1917, Albert Kuhfield REGISTRAR

Address Princeton Minn

2

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 1 One

(No. , St.; Ward)

FULL NAME OF CHILD Clara Marie Berry (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Dec Day 27 Year, 1917

FATHER	MOTHER
FULL NAME: Charles Myron Berry	FULL MAIDEN NAME: Edna Florence Ellstrom
RESIDENCE: R#4 Princeton	RESIDENCE: R#4 Princeton
COLOR OR RACE: White	COLOR OR RACE: White
AGE AT LAST BIRTHDAY: 20 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Minn	BIRTHPLACE: Minn
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of Child of this Mother: One
Number of Children of this Mother now living: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Dec 27 19..., at ... M.

(Signature) Mrs Jensen – Midwife Princeton

Dated ... 19..., ...
(Attending physician, midwife, father, etc.)

Address ...

Given or Christian name added from a supplemental report ... 19...

Filed Jan 15, 1918. Albert Kuhfield REGISTRAR

REGISTRAR

Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 2

(No. , St.; Ward)

FULL NAME OF CHILD James Clyde Vernon (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
boy					Month Jan Day 23 Year, 1918

FATHER	MOTHER
FULL NAME: John Thomas Vernon	FULL MAIDEN NAME: Ida Clara Heruth
RESIDENCE: Brickton Minnesota	RESIDENCE: Brickton Minn
COLOR OR RACE: White	COLOR OR RACE: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Minneapolis Minn	BIRTHPLACE: Minneapolis Minn
OCCUPATION: Farmer	OCCUPATION: farmer

Number of Child of this Mother: fives
Number of Children of this Mother now living: threes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on at Brickton 19..., at ... M.

(Signature) Miss Ella Heruth

Dated ... 19..., ...
(Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report ... 19...

Filed Feb 6, 1918. Albert Kuhfield REGISTRAR

REGISTRAR

Address Princeton Minn

3

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 3

(No. , St.; Ward)

FULL NAME OF CHILD Arthur O'Brien (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				Yes	Month Sep Day 13 Year, 1917

FATHER	MOTHER
FULL NAME: Charles Hentzen O'Brien	FULL MAIDEN NAME: Fannie Brown
RESIDENCE: Brickton	RESIDENCE: Brickton
COLOR OR RACE: White	COLOR OR RACE: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Canada	BIRTHPLACE: Ill
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of Child of this Mother: 3
Number of Children of this Mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on ... 19..., at ... M.

(Signature) Charles Hintzen O'Brien

Dated ... 19..., ...
(Attending physician, midwife, father, etc.)

Address Brickton

Given or Christian name added from a supplemental report ... 19...

Filed March 1, 1918. Albert Kuhfield REGISTRAR

REGISTRAR

Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 4

(No. 2881 , St.; Ward)

FULL NAME OF CHILD Earl Edward Bach (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				Yes	Month March Day 20 Year, 1918

FATHER	MOTHER
FULL NAME: Fred Arthur Bach	FULL MAIDEN NAME: Luella McCue
RESIDENCE: Brickton	RESIDENCE: Brickton
COLOR OR RACE: White	COLOR OR RACE: White
AGE AT LAST BIRTHDAY: 41 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Minnesota	BIRTHPLACE: Minnesota
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of Child of this Mother: 5
Number of Children of this Mother now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on March 20 1918; at 1 a.m.

(Signature) D. J. Phelps M.D.

Dated March 20 1918. ...
(Attending physician, midwife, father, etc.)

Address ...

Given or Christian name added from a supplemental report April 18 1918

Filed March 31, 1918. Henry Marpe REGISTRAR

Henry Marpe REGISTRAR

Address Princeton min Town Clerk

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 5

(No. 2881 St.; Ward)

FULL NAME OF CHILD Alvin Walter Bockoven (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				Yes	Month March Day 18 Year, 1918

FATHER	MOTHER
FULL NAME Alvah E. Bockoven	FULL MAIDEN NAME Clara Neumann
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 3 — Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on March 18 1918, at 1a M.

(Signature) Alvah E. Bockoven
Dated March 31 1918. (Attending physician, midwife, father, etc.)
Address Princeton Minn
Filed March 31, 1918. Henry Marpe REGISTRAR
Address Princeton

Given or Christian name added from a supplemental report 19

REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 6

(No. St.; Ward)

FULL NAME OF CHILD Violet Alma Archer (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month March Day 11 Year, 1918

FATHER	MOTHER
FULL NAME Glen Henderson Archer	FULL MAIDEN NAME Alma H Wagner
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Indiana	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION House Keeper

Number of Child of this Mother 2 — Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on March 11 1918, at 3P M.

(Signature) Glen H. Archer
Dated April 3 1918. Father (Attending physician, midwife, father, etc.)
Address Princeton
Filed April 4, 1918. Henry Marpe REGISTRAR
Address Princeton

Given or Christian name added from a supplemental report 19

REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 7

(No. St.; Ward)

FULL NAME OF CHILD Rudolph Otto John Eggert (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month March Day 30 Year, 1918

FATHER	MOTHER
FULL NAME Fred Eggert	FULL MAIDEN NAME Emma Schmidt
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Germany	BIRTHPLACE Illinois
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 10 — Number of Children of this Mother now living 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on March 30 1918, at 10P M.

(Signature) Fred Eggert
Dated April 14 1918. Father (Attending physician, midwife, father, etc.)
Address Princeton R. 5
Filed April 14, 1918. Henry Marpe REGISTRAR
Address Princeton Town Clerk

Given or Christian name added from a supplemental report 19

REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
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or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 8

(No. St.; Ward)

FULL NAME OF CHILD Eugene Otto Heitman (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month March Day 14 Year, 1918

FATHER	MOTHER
FULL NAME Henry Heitman Jr.	FULL MAIDEN NAME Eleisabeth Bach
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 49 (Years)	AGE AT LAST BIRTHDAY 43 (Years)
BIRTHPLACE Sauk County Wis.	BIRTHPLACE Chicago Illinois
OCCUPATION Farmer	OCCUPATION Householder

Number of Child of this Mother eleven — Number of Children of this Mother now living eleven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on March 14 1918, at 3P M.

(Signature) Mrs. Julia Jantzen
Dated April 19 1918. Midwife (Attending physician, midwife, father, etc.)
Address Princeton Minn
Filed April 19, 1918. Henry Marpe REGISTRAR
Address Princeton Town Clerk

Given or Christian name added from a supplemental report 19

REGISTRAR

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PLACE OF BIRTH
County of Mille Lacs
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or
City of

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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 9

(No. Alfred St.; Ward)

FULL NAME OF CHILD Arthur Hermann Strauch (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month June Day 28 Year, 1918

FATHER	MOTHER
FULL NAME Arthur Otto Strauch	FULL MAIDEN NAME Maria Magdalena Polster
RESIDENCE Princeton Route 2	RESIDENCE Princeton R. 2
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 41 (Years)	AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE Germany	BIRTHPLACE Germany
OCCUPATION Ordained Minister	OCCUPATION Housewife

Number of Child of this Mother 9 — Number of Children of this Mother now living 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on June 28 1918, at 4.30 P.M.

(Signature) Dr. H. P. Cooney

Dated June 28 1918.

(Attending physician, ~~midwife, father, etc.~~)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

Arthur Herman Alfred
REGISTRAR

Filed July 1, 1918. Henry Marpe REGISTRAR

Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
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RECORD OF BIRTH

Registered No. 10

(No. St.; Ward)

FULL NAME OF CHILD Vivian Marie Bullford (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Girl				yes	Month July Day 29 Year, 1918

FATHER	MOTHER
FULL NAME William Thomas Bullford	FULL MAIDEN NAME Ethel Marie Ericson
RESIDENCE Princeton R 2	RESIDENCE Princeton R.2
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 39 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE England	BIRTHPLACE So. Dakota
OCCUPATION Farming	OCCUPATION Farming

Number of Child of this Mother 2 — Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on July 29 1918, at 5 P.M.

(Signature) W. T. Bullford Father

Dated Aug 11 1918.

(Attending physician, ~~midwife~~, father, ~~etc.~~)

Address Princeton R. 2

Given or Christian name added from a supplemental report 19

Filed Aug 11, 1918. Henry Marpe REGISTRAR

REGISTRAR

Address Princeton Minn

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PLACE OF BIRTH
County of Mille Lacs
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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 11

(No. St.; Ward)

FULL NAME OF CHILD Baby Jensen Stillborn (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				Yes	Month Aug Day 19 Year, 1918

FATHER	MOTHER
FULL NAME Walter P. Jensen	FULL MAIDEN NAME Stella G Boekoven
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother one — Number of Children of this Mother now living none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Aug 19 1918, at 5 P.M.

(Signature) G. R. Caley

Dated Sept 23 1918.

(Attending physician, ~~midwife, father, etc.~~)

Address Princeton Minn.

Given or Christian name added from a supplemental report 19

Filed Sept 23, 1918. Henry Marpe REGISTRAR

REGISTRAR

Address Princeton Minn

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RECORD OF BIRTH

Registered No. 12

(No. St.; Ward)

FULL NAME OF CHILD Marion Arlisle Sternquist (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month July Day 25 Year, 1918

FATHER	MOTHER
FULL NAME Elof ~~Howard~~ Leonard Sternquist	FULL MAIDEN NAME Ellen L Carlson
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Iowa	BIRTHPLACE South Dakota
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 1 — Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on July 25 1918, at 4.20 P.M.

(Signature) G. R. Caley

Dated Sept 23 1918.

(Attending physician, ~~midwife, father, etc.~~)

Address Princeton Minn

Given or Christian name added from a supplemental report Oct 5 1918

Henry Marpe
REGISTRAR

Filed Sept 23, 1918. Henry Marpe REGISTRAR

Address Princeton Minn

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PLACE OF BIRTH
County of Mille Lacs
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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 13

(No. ____ St.; ____ Ward)

FULL NAME OF CHILD Wesley Clayton Hoglund (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month June Day 29 Year, 1918

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John E Hoglund	Ella E. Olson
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	34	29
BIRTHPLACE	Sweden	Minnesota
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 2 — Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on June 29 1918, at 9 P.M.

(Signature) G.R. Caley

Dated Sept 23 1918. (Attending physician, ~~midwife, father, etc.~~)

Address Princeton

Given or Christian name added from a supplemental report Oct 5 1918

Filed Sept 23, 1918. Henry Marpe REGISTRAR

Henry Marpe REGISTRAR

Address Princeton Minn

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RECORD OF BIRTH

Registered No. 14

(No. ____ St.; ____ Ward)

FULL NAME OF CHILD Bernard Essig (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month June Day 28 Year, 1918

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Nicholas Essig	Louise Webber
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	41	36
BIRTHPLACE	Illinois	Illinois
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 8 — Number of Children of this Mother now living 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on June 28 1918, at 11.20 a.M.

(Signature) G.R. Caley

Dated Sept 23 1918. (Attending physician, ~~midwife, father, etc.~~)

Address Princeton Minn

Given or Christian name added from a supplemental report Oct 5 1918

Filed Sept 23, 1918. Henry Marpe REGISTRAR

Henry Marpe REGISTRAR

Address Princeton Minn

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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 15

(No. ____ St.; ____ Ward)

FULL NAME OF CHILD Althia Meria Bergeron (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Aug Day 23 Year, 1918

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm P. Bergeron	Caroline O. Larson
RESIDENCE	Brickton Minn.	Brickton Minn
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	24	24
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Laborer	Housewife

Number of Child of this Mother 3 — Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Aug 23 1918, at 7.30 P.M.

(Signature) G.R. Caley

Dated Sept 23 1918. (Attending physician, ~~midwife, father, etc.~~)

Address Princeton Minn

Given or Christian name added from a supplemental report Oct 5 1918

Filed Sept 23, 1918. Henry Marpe REGISTRAR

Henry Marpe REGISTRAR

Address Princeton Minn

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RECORD OF BIRTH

Registered No. 16

(No. ____ St.; ____ Ward)

FULL NAME OF CHILD Clair Harrington Reed (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month July Day 6 Year, 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Leonerd M. Reed	Blanche Harrington
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	31	27
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 2 — Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on July 6 1915, at 9 a.M.

(Signature) Leonerd M. Reed

Dated Oct 1 1918. Father (Attending physician, ~~midwife~~, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report ____ 19____

Filed Oct 1, 1918. Henry Marpe REGISTRAR

____ REGISTRAR

Address Princeton Minn

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RECORD OF BIRTH

Registered No. 17

(No. , St.; Ward)

FULL NAME OF CHILD John George Hjelm — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				Yes	Month Dec Day 2 Year, 1918

FATHER		MOTHER	
FULL NAME	John Hjelm	FULL MAIDEN NAME	Mary Lundberg
RESIDENCE	Princeton	RESIDENCE	Princeton
COLOR OR RACE	White	COLOR OR RACE	White
AGE AT LAST BIRTHDAY (Years)	55	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Sweeden	BIRTHPLACE	Sweeden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of Child of this Mother 5 — Number of Children of this Mother now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Dec 2 1918, at M.

(Signature) John Hjelm

Dated Dec 4 1918. Father
(Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed Dec 7, 1918. Henry Marpe REGISTRAR

REGISTRAR

Address Princeton Minn

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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 18

(No. , St.; Ward)

FULL NAME OF CHILD Margery Louise Lehmidt — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				Yes	Month Dec, Day 26 Year, 1918

FATHER		MOTHER	
FULL NAME	Henry Lehmidt	FULL MAIDEN NAME	Ada A Jaeneke
RESIDENCE	Princeton	RESIDENCE	Princeton
COLOR OR RACE	White	COLOR OR RACE	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Illinois	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of Child of this Mother 6 — Number of Children of this Mother now living 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Dec 26 1918, at 3 10 a. M.

(Signature) G. R. Caley

Dated Dec 26 1918.
(Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report Feb 8 1919

Filed Jan 1st, 1919. Henry Marpe REGISTRAR

Henry Marpe REGISTRAR

Address Princeton Minn,

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or
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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 19

(No. , St.; Ward)

FULL NAME OF CHILD Joyce Leverne Erickson — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				Yes	Month Dec Day 5 Year, 1918

FATHER		MOTHER	
FULL NAME	Johnnie V. Erickson	FULL MAIDEN NAME	Violet F. R. Peterson
RESIDENCE	Princeton	RESIDENCE	Princeton
COLOR OR RACE	White	COLOR OR RACE	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Minn.	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of Child of this Mother 1 — Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Dec 5 1918, at 8 30 a M.

(Signature) G R Caley

Dated Dec 5 1918.
(Attending physician, ~~midwife, father~~, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report Feb 5 1919

Filed Dec 12, 1918. Henry Marpe REGISTRAR

Henry Marpe REGISTRAR

Address Princeton Minn,

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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 20

(No. , St.; Ward)

FULL NAME OF CHILD Ervin Leonard Reed — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				Yes	Month Dec, Day 3 Year, 1918

FATHER		MOTHER	
FULL NAME	Leonard M. Reed	FULL MAIDEN NAME	Blanche I. Harrington
RESIDENCE	Princeton	RESIDENCE	Princeton
COLOR OR RACE	White	COLOR OR RACE	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of Child of this Mother 3 — Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Dec 3 1918, at 2 40 a. M.

(Signature) G. R. Caley

Dated Dec 3 1918.
(Attending physician, ~~midwife, father~~, etc.)

Address Princeton Minn.

Given or Christian name added from a supplemental report Feb 8 1919

Filed Dec, 10 1918. Henry Marpe REGISTRAR

Henry Marpe REGISTRAR

Address Princeton Minn

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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 21

(No. , St.; Ward)

FULL NAME OF CHILD Ruth Dorothy Ziebarth — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				Yes	Month Dec Day 22 Year, 1918

FATHER	MOTHER
FULL NAME Hugo W. Ziebarth	FULL MAIDEN NAME Ida Look
RESIDENCE Route 2 Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 2

Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Dec 22 1918, at 1020 P. M.

(Signature) Hugo W. Ziebarth

Dated Dec 26 1918. Father
(Attending physician, midwife, father, etc.)

Address Route 2 Princeton Minn.

Filed Dec 26, 1918. Henry Marpe REGISTRAR

Address Princeton

Given or Christian name added from a supplemental report 19

REGISTRAR

PLACE OF BIRTH
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RECORD OF BIRTH

Registered No.

(No. , St.; Ward)

FULL NAME OF CHILD — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
					Month Day Year, 19

FATHER	MOTHER
FULL NAME	FULL MAIDEN NAME
RESIDENCE	RESIDENCE
COLOR OR RACE	COLOR OR RACE
AGE AT LAST BIRTHDAY (Years)	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	BIRTHPLACE
OCCUPATION	OCCUPATION

Number of Child of this Mother

Number of Children of this Mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on 19, at M.

(Signature)

Dated 19, (Attending physician, midwife, father, etc.)

Address

Filed 19, REGISTRAR

Address

Given or Christian name added from a supplemental report 19

REGISTRAR

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County of Mille Lacs
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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 1

(No. , St.; Ward)

FULL NAME OF CHILD Norman Myron Berry — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Jan, Day 15 Year, 1919

FATHER	MOTHER
FULL NAME Charles Myron Berry	FULL MAIDEN NAME Edna Ellstrom
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 2

Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Jan 15 1919, at 4 a. M.

(Signature) Mrs. Julia Jantzen

Dated 19, Midwife
(Attending physician, midwife, father, etc.)

Address Princeton Minn.

Filed Jan 23, 1919. Henry Marpe REGISTRAR

Address Princeton Minn.

Given or Christian name added from a supplemental report 19

REGISTRAR

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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 2

(No. , St.; Ward)

FULL NAME OF CHILD Ruth Elenor Steeves — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Jan, Day 22 Year, 1919

FATHER	MOTHER
FULL NAME Abel F. Steeves	FULL MAIDEN NAME Sarah E. Kuffner
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 44 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 8

Number of Children of this Mother now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Jan 22 1919, at 320 a. M.

(Signature) G. A. Caley M. D.

Dated Jan 30 1919. (Attending physician, midwife, father, etc.)

Address Princeton Minn.

Filed Jan 31, 1919. Henry Marpe REGISTRAR

Address Princeton Minn.

Given or Christian name added from a supplemental report March 8 1919

Henry Marpe REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 3

(No. , St.; Ward)

FULL NAME OF CHILD Carl Albert Lambert — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Jan Day 25 Year, 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Carl Emil Lambert	Paulina Reppke
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	46	43
BIRTHPLACE	Germany	Germany
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 7 — Number of Children of this Mother now living 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Jan 25 1919, at 11.00 a M.

(Signature) G R Caley M.D.

Dated Jan 30 1919.

(Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report Feb 12 1919

Henry Marpe REGISTRAR

Filed Feb 3, 1919. Henry Marpe REGISTRAR

Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 4

(No. , St.; Ward)

FULL NAME OF CHILD Ernest August Carl Schwantes — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Feb Day 6 Year, 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert F Schwantes	Elsie Emily Rick
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	27	20
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 1 — Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Feb 6 1919, at 6.30 P M.

(Signature) G R Caley M.D.

Dated Feb 10 1919.

(Attending physician, ~~midwife, father, etc.~~)

Address Princeton Minn.

Given or Christian name added from a supplemental report March 8 1919

Henry Marpe REGISTRAR

Filed Feb 10, 1919. Henry Marpe REGISTRAR

Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 5

(No. St.; Ward)

FULL NAME OF CHILD Theodora Leigh Gump — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month March Day 21 Year, 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clinton L. Gump	Winnie E. Atkens
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	42	42
BIRTHPLACE	Illinois	Illinois
OCCUPATION	Assistant Cashier in Bank	Housewife

Number of Child of this Mother 5 — Number of Children of this Mother now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on March 21 1919, at 10 05 a M.

(Signature) G R Caley M.D.

Dated March 21 1919.

(Attending physician, ~~midwife, father, etc.~~)

Address Princeton Minn

Given or Christian name added from a supplemental report May 3 1919

Henry Marpe REGISTRAR

Filed March 25, 1919. Henry Marpe REGISTRAR

Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
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or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 6

(No. St.; Ward)

FULL NAME OF CHILD Eva O'Brien — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month March Day 23 Year, 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm J O'Brien	Lucy H. Snow
RESIDENCE	Long Siding	Long Siding
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	43	22
BIRTHPLACE	Minnesota	Indiana
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 4 — Number of Children of this Mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on March 23 1919, at 10 P M.

(Signature) Wm J. O'Brien

Dated March 25 1919. Father

(Attending physician, ~~midwife~~, father, etc.)

Address Long Siding Minn

Given or Christian name added from a supplemental report 19

REGISTRAR

Filed March 25 1919. Henry Marpe REGISTRAR

Address Princeton Minn

PLACE OF BIRTH
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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 7

(No. , St.; Ward)

FULL NAME OF CHILD Sylvia Agnes Stanley (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month April Day 30 Year, 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Owen L. Stanley	Jennie Olson
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	29	32
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 7

Number of Children of this Mother now living 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on April 30 1919, at 10 A.M.

(Signature) Owen L. Stanley

Dated April 30 1919. Father
(Attending ~~physician~~, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report May 30 1919

Henry Marpe REGISTRAR

Filed May 6, 1919. Henry Marpe REGISTRAR

Address Princeton Minn.

PLACE OF BIRTH
County of Mille Lacs
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STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 8

(No. , St.; Ward)

FULL NAME OF CHILD Harriet Catheryn Dejarlis (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month May Day 1 Year, 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Napoleon P. Dejarlis	Susan P. Stingline
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	36	35
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Laborer	Housewife

Number of Child of this Mother 5

Number of Children of this Mother now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on May 1 1919, at 8.45 A.M.

(Signature) G. R. Caley M. D.

Dated May 1 1919.
(Attending physician, ~~midwife~~, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report May 30 1919

Henry Marpe REGISTRAR

Filed May 6, 1919. Henry Marpe REGISTRAR

Address Princeton minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 9

(No. , St.; Ward)

FULL NAME OF CHILD Agnes Anna Albrecht (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month July Day 8 Year, 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Albrecht	Margret Trabant
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	31	21
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 3

Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on July 8 1919, at 7.30 P.M.

(Signature) Mrs Robert Trabant

Dated July 9 1919. Attending Midwife
(Attending ~~physician~~, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

REGISTRAR

Filed July 25, 1919. Henry Marpe REGISTRAR

Address Princeton Minn

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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 10

(No. , St.; Ward)

FULL NAME OF CHILD Gilbert Carmel Luke (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month July Day 21 Year, 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Luke	Lena Frolicke (Froelich)
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	38	26
BIRTHPLACE	So. Dak.	So. Dak.
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 5

Number of Children of this Mother now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on July 21 1919, at 11 P.M.

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

Dated July 21 1919.
(Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

REGISTRAR

Filed July 26, 1919. Henry Marpe REGISTRAR

Address Princeton Minn

18

PLACE OF BIRTH
County of Mille Lacs
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STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 11

(No. St.; Ward)

FULL NAME OF CHILD Mable Mathilda Lentz — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				Yes	Month June Day 27 Year, 1919

FATHER
FULL NAME Ben Lentz
RESIDENCE Long Siding
COLOR OR RACE White
AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Minnesota
OCCUPATION Farmer
Number of Child of this Mother 3

MOTHER
FULL MAIDEN NAME Hulda Bandemer
RESIDENCE Long Siding Minn
COLOR OR RACE White
AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Illinois
OCCUPATION Housewife
Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on June 27 1919, at 11 P. M.

(Signature) Dr. G.R. Caley,
Dated July 28 1919. Attending Physician
(Attending physician, midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed July 28, 1919. Henry Marpe REGISTRAR
Address Princeton Minn

REGISTRAR

19

PLACE OF BIRTH
County of Mille Lacs
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City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 13

(No. St.; Ward)

FULL NAME OF CHILD Louise Francis Essig — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month June Day 8 Year, 1919

FATHER
FULL NAME Nicholas Essig
RESIDENCE Princeton
COLOR OR RACE White
AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE Illinois
OCCUPATION Farmer
Number of Child of this Mother 9

MOTHER
FULL MAIDEN NAME Louisa Webber
RESIDENCE Princeton
COLOR OR RACE White
AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Illinois
OCCUPATION Housewife
Number of Children of this Mother now living 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on June 8 1919, at 3:00 a. M.

(Signature) G R Caley
Dated June 8 1919.
(Attending physician, ~~midwife, father,~~ etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report Aug 24 1919
Henry Marpe REGISTRAR

Filed Aug 7, 1919. Henry Marpe REGISTRAR
Address Princeton Minn

PLACE OF BIRTH
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Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 12

(No. St.; Ward)

FULL NAME OF CHILD Carl Henry Steinbrecher — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month June Day 13 Year, 1919

FATHER
FULL NAME Andrew Steinbrecher
RESIDENCE Princeton minn
COLOR OR RACE White
AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Illinois
OCCUPATION Farmer
Number of Child of this Mother 6

MOTHER
FULL MAIDEN NAME Anna Schwengeles
RESIDENCE Princeton
COLOR OR RACE White
AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Illinois
OCCUPATION Housewife
Number of Children of this Mother now living 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on June 13 1919, at 2:10 P. M.

(Signature) G R Caley M.D.
Dated June 13 1919.
(Attending physician, ~~midwife, father,~~ etc.)
Address Princeton, minn

Given or Christian name added from a supplemental report Aug 24 1919
Henry Marpe REGISTRAR

Filed Aug 7, 1919. Henry Marpe REGISTRAR
Address Princeton minn

PLACE OF BIRTH
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or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 14

(No. St.; Ward)

FULL NAME OF CHILD Dorothy Aileen Steinbach — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month July Day 16 Year, 1919

FATHER
FULL NAME Oscar J Steinbach
RESIDENCE Princeton
COLOR OR RACE White
AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Germany
OCCUPATION Farmer
Number of Child of this Mother 2

MOTHER
FULL MAIDEN NAME Anna H. Erickson
RESIDENCE Princeton
COLOR OR RACE White
AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Neb.
OCCUPATION Housedrife
Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on July 16 1919, at 4:15 P. M.

(Signature) G R Caley M.D.
Dated July 16 1919.
(Attending physician, ~~midwife, father,~~ etc.)
Address Princeton

Given or Christian name added from a supplemental report Sept 11 1919
Henry Marpe REGISTRAR

Filed Aug 7, 1919. Henry Marpe REGISTRAR
Address Princeton Minn

PLACE OF BIRTH
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or
City of (No. , St.; Ward)

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 15

FULL NAME OF CHILD Lois Ellen Foote (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				Yes	Month July Day 26 Year, 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Sidney S. Foote	Rose E. Minks
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	45	31
BIRTHPLACE	Ohio	Minnesota
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 2
Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on July 26 1919, at 6,30 P. M.

(Signature) G. R. Caley M.D.
Dated July 26 1919.
(Attending physician, ~~midwife, father~~, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report Aug 24 1919
Henry Marpe REGISTRAR

Filed Aug 7, 1919. Henry Marpe REGISTRAR
Address Princeton Minn

PLACE OF BIRTH
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STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 16

FULL NAME OF CHILD Elna Elizabeth Elvine (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				Yes	Month Aug. Day 11 Year, 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Elvine	Anna Swanson
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	34	33
BIRTHPLACE	Sweeden	Sweeden
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 3
Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Aug. 11 1919, at 1,30 A. M.

(Signature) G. R. Caley M.D.
Dated Aug 12 1919.
(Attending physician, ~~midwife, father~~, etc.)
Address Princeton

Given or Christian name added from a supplemental report Nov. 1 1919
Henry Marpe REGISTRAR

Filed Oct 1, 1919. Henry Marpe REGISTRAR
Address Princeton Minn

PLACE OF BIRTH
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or
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STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 17

FULL NAME OF CHILD Herbert Westly Moser (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				Yes	Month August Day 25 Year, 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joe, R Moser	Gladys C Brown
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	27	25
BIRTHPLACE	Germany	Minnesota
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 5
Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Aug. 25 1919, at 4.15 A. M.

(Signature) G R Caley M.D.
Dated Aug 25 1919.
(Attending physician, ~~midwife, father~~, etc.)
Address Princeton

Given or Christian name added from a supplemental report Oct 15 1919
Henry Marpe REGISTRAR

Filed Oct. 1, 1919. Henry Marpe REGISTRAR
Address Princeton

PLACE OF BIRTH
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or
City of (No. , St.; Ward)

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 18

FULL NAME OF CHILD Dorothy May Northway (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				Yes	Month Sept. 2 Day 2 Year, 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas L Northway	Catherine E Griffen
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	38	33
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 2
Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Sept 2 1919, at 5,40 P. M.

(Signature) G R Caley M.D.
Dated Sept 3 1919.
(Attending physician, ~~midwife, father~~, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report Nov. 8 1919
Henry Marpe REGISTRAR

Filed Oct 1, 1919. Henry Marpe REGISTRAR
Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
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Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 19

(No. , St.; Ward)

FULL NAME OF CHILD Leona Thoma (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Sept. Day 23 Year, 1919

	FATHER	MOTHER
FULL NAME	John F. Thoma	FULL MAIDEN NAME Lucy Mudgett
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	46	38
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 7 — Number of Children of this Mother now living 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Sept 23, 1919, at 10.30 P. M.

(Signature) G R Caley M.D.
Dated Sept 24 1919.
(Attending physician, ~~midwife, father, etc.~~)
Address Princeton Minn.

Given or Christian name added from a certificate of ~~Death~~ supplemental report 3-11 1920
Henry Marpe REGISTRAR

Filed Oct. 1, 1919. Henry Marpe REGISTRAR
Address Princeton Minn.

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 20

(No. , St.; Ward)

FULL NAME OF CHILD Esther Bertha Louise Mueller (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Sept Day 24 Year, 1919

	FATHER	MOTHER
FULL NAME	Wm F. Mueller	FULL MAIDEN NAME Emma Louisa Schlessner
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	28	23
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 1 — Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Sept 24, 1919, at 10 o'clock a. M.

(Signature) Wm F. Mueller
Dated Oct 1 1919. Father
(Attending physician, ~~midwife~~, father, etc.)
Address Princeton R. 2

Given or Christian name added from a supplemental report ..... 19 .....
..... REGISTRAR

Filed Oct 1, 1919. Henry Marpe REGISTRAR
Address Princeton Minn.

PLACE OF BIRTH
County of Mille Lacs
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or
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or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 21

(No. St.; Ward)

FULL NAME OF CHILD Margaret Dorothy Green (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Oct. Day 9 Year, 1919

	FATHER	MOTHER
FULL NAME	Oscar W. Green	FULL MAIDEN NAME Ellen Erickson
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	46	41
BIRTHPLACE	Sweden	Sweden
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 3 — Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Oct 9, 1919, at 4 00 a. M.

(Signature) G R Caley M.D.
Dated Oct 18 1919.
(Attending physician, ~~midwife, father, etc.~~)
Address Princeton Minn

Given or Christian name added from a supplemental report Nov. 12 1919
Henry Marpe REGISTRAR

Filed Oct 19, 1919. Henry Marpe REGISTRAR
Address Princeton Minn.

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
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or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 22

(No. St.; Ward)

FULL NAME OF CHILD Herbert Martin Ziebarth (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Nov Day 6 Year, 1919

	FATHER	MOTHER
FULL NAME	Richard Paul Ziebarth	FULL MAIDEN NAME Augusta Riebe
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	41	33
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 4 — Number of Children of this Mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Nov. 6, 1919, at 9.30 P. M.

(Signature) Richard P. Ziebarth
Dated Nov. 7 1919. Father
(Attending physician, midwife, father, etc.)
Address Princeton R 2

Given or Christian name added from a supplemental report ..... 19 .....
..... REGISTRAR

Filed Nov 7, 1919. Henry Marpe REGISTRAR
Address Princeton Minn.

PLACE OF BIRTH
County of Mille Lacs
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STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 23

(No. , St.; Ward)

FULL NAME OF CHILD Gerald Ross (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Nov Day 15 Year, 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frederick Ross	Emma Holthus
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	44	34
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Laborer	Housewife

Number of Child of this Mother 8 — Number of Children of this Mother now living 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Nov 15 1919, at 7 a. M.

(Signature) Mrs Julia Jantzen
Dated 11-22 1919. Midwife
(Attending physician, midwife, ~~father, etc.~~)
Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed Nov 23, 1919. Henry Marpe REGISTRAR
Address Princeton Minn

REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 24

(No. , St.; Ward)

FULL NAME OF CHILD Bernhard Emil Hoeft (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Nov Day 6 Year, 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm. F. Hoeft	Elizabeth Schulte
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	49	44
BIRTHPLACE	Germany	Minnesota
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 9 — Number of Children of this Mother now living 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Nov 6 1919, at 3.30 P. M.

(Signature) Wm. F. Hoeft
Dated Nov 16 1919. Father
(Attending physician, midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed Nov 16, 1919. Henry Marpe REGISTRAR
Address Princeton Minn

REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 25

(No. , St.; Ward)

FULL NAME OF CHILD Ella Margaretha Poley (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Nov. Day 2 Year, 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Paul Poley	Minnie Hoffman
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	39	34
BIRTHPLACE	Germany	Germany
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 3 — Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Nov 2 1919, at 4.35 a. M.

(Signature) G R Caley M.D.
Dated 12-1 1919.
(Attending physician, ~~midwife, father, etc.~~)
Address Princeton Minn

Given or Christian name added from a supplemental report Jan 24 1920

Henry Marpe REGISTRAR

Filed Dec 1, 1919. Henry Marpe REGISTRAR
Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 26

(No. , St.; Ward)

FULL NAME OF CHILD Evelyn Ella Bockoven (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Dec Day 23 Year, 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alvah E. Bockoven	Clara A Neumann
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	28	26
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 4 — Number of Children of this Mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Dec 23 1919, at 11.35 a. M.

(Signature) G R Caley M.D.
Dated Jan 2 1920.
(Attending physician, ~~midwife, father, etc.~~)
Address Princeton Minn

Given or Christian name added from a supplemental report Jan 8 1920

Henry Marpe REGISTRAR

Filed Jan 2, 1920. Henry Marpe REGISTRAR
Address Princeton Minn

PLACE OF BIRTH

County of Mille Lacs

Township of Princeton

or

Village of

or

City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 27

(No. , St.; Ward)

FULL NAME OF CHILD Chester Lloyd Jensen (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Dec Day 26 Year, 1919

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter P. Jensen	Stella G. Bockoven
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	29	25
BIRTHPLACE	Nebraska	Minnesota
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 2 Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Dec 26 1919, at 9 a.m.

(Signature) J R Caley M.D.

Dated Jan 2 1920.

(Attending physician, ~~midwife, father, etc.~~)

Address Princeton Minn

Filed Jan 2, 1920. Henry Marpe REGISTRAR

Address Princeton Minn

Given or Christian name added from a supplemental report 19

REGISTRAR

PLACE OF BIRTH

County of

Township of

or

Village of

or

City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No.

(No. , St.; Ward)

FULL NAME OF CHILD (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
					Month Day Year, 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME		
RESIDENCE		
COLOR OR RACE		
AGE AT LAST BIRTHDAY (Years)		
BIRTHPLACE		
OCCUPATION		

Number of Child of this Mother Number of Children of this Mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on 19, at M.

(Signature)

Dated 19, (Attending physician, midwife, father, etc.)

Address

Filed 19, REGISTRAR

Address

Given or Christian name added from a supplemental report 19

REGISTRAR

PLACE OF BIRTH

County of Mille Lacs

Township of Princeton

or

Village of

or

City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 1

(No. , St.; Ward)

FULL NAME OF CHILD Doris Elaine Sylvia Jamme (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Jan Day 8 Year, 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas A. Jamme	Constance E Thompson
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	22	20
BIRTHPLACE	Canada	Wisconsin
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 1 Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Jan. 8 1920, at 12.25 P.M.

(Signature) J R Caley M.D.

Dated Feb 2 1920.

(Attending physician, ~~midwife, father, etc.~~)

Address Princeton Minn

Filed Feb 2, 1920. Henry Marpe REGISTRAR

Address Princeton Minn

Given or Christian name added from a supplemental report March 20 1920

Henry Marpe REGISTRAR

PLACE OF BIRTH

County of Mille Lacs

Township of Princeton

or

Village of

or

City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 2

(No. , St.; Ward)

FULL NAME OF CHILD Dorothy Elizabeth Dalehow (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Jan Day 17 Year, 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Emil Dalehow	Helen C. Hoeft
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	30	28
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 3 Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Jan 17 1920, at 8.30 P.M.

(Signature) J R Caley

Dated Feb 2 1920.

(Attending physician, ~~midwife, father, etc.~~)

Address Princeton

Filed Feb 2, 1920. Henry Marpe REGISTRAR

Address Princeto Minn

Given or Christian name added from a supplemental report March 10 1920

Henry Marpe REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 3

(No. , St.; Ward)

FULL NAME OF CHILD Catherine Bernice Wilhelm (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other? and Number in order of Birth	Legitimate?	Date of Birth
Female		Yes	Month Jan Day 22 Year, 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John H. Wilhelm	Martha H. Gebert
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	37	31
BIRTHPLACE	Germany	Germany
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 4 — Number of Children of this Mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

3, oc

I hereby certify that I attended the birth of above child, and that it occurred on Jan 22 1920, at a M.

(Signature) J. R. Caley M.D.
Dated Feb 2 1920,
(Attending physician, ~~midwife, father, etc.~~)
Address Princeton
Filed Feb 2 1920 Henry Marpe REGISTRAR
Address Princeton Minn

Given or Christian name added from a supplemental report Feb 28 1920
Henry Marpe REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 4

(No. , St.; Ward)

FULL NAME OF CHILD William Frederick John Keen (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other? and Number in order of Birth	Legitimate?	Date of Birth
Male		Yes	Month Jan Day 26 Year, 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ernest Keen	Lydie Seefeldt
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	35	34
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 5 — Number of Children of this Mother now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

3, oc

I hereby certify that I attended the birth of above child, and that it occurred on Jan 26 1920, at P M.

(Signature) Ernest Keen
Dated Jan 31 1920, Parent
(Attending physician, ~~midwife~~, father, etc.)
Address Princeton Minn
Filed Jan 31 1920 Henry Marpe REGISTRAR
Address Princeton Minn

Given or Christian name added from a supplemental report March 5 1920
Henry Marpe REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 5

(No. , St.; Ward)

FULL NAME OF CHILD Irene Della Krause (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other? and Number in order of Birth	Legitimate?	Date of Birth
Female		Yes	Month Feb Day 15 Year, 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arnold Krause	Lydia Kapeschke
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	35	25
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 1 — Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

7.45

I hereby certify that I attended the birth of above child, and that it occurred on Feb. 15 1920, at P M.

(Signature) J. R. Caley M.D.
Dated March 3 1920,
(Attending physician, ~~midwife, father, etc.~~)
Address Princeton Minn
Filed March 3, 1920, Henry Marpe REGISTRAR
Address Princeton Minn

Given or Christian name added from a supplemental report March 20 1920
Henry Marpe REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 6

(No. , St.; Ward)

FULL NAME OF CHILD Erma Ruth Balfanz (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other? and Number in order of Birth	Legitimate?	Date of Birth
Female		Yes	Month March Day 6 Year, 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Balfanz	Marie H. Falk
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	31	25
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 2 — Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

10.35

I hereby certify that I attended the birth of above child, and that it occurred on March 6 1920, at P M.

(Signature) J R Caley
Dated 4-6 1920,
(Attending physician, ~~midwife, father, etc.~~)
Address Princeton Minn
Filed 4-6 1920, Henry Marpe REGISTRAR
Address Princeton Minn

Given or Christian name added from a supplemental report 4-10 1920
Henry Marpe REGISTRAR

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 7

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

FULL NAME OF CHILD Madge Leonia McMinn (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month March Day 9 Year, 1920

	FATHER	MOTHER
FULL NAME	Wm McMinn	
FULL MAIDEN NAME		Gladys Foote
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	36	24
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 2 — Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on March 9 1920, at 3,20 A. M.

(Signature) G. R. Caley
Dated 4-6 1920. (Attending physician, ~~midwife, father, etc.~~)
Address Princeton Minn

Given or Christian name added from a supplemental report May 2 1920
Henry Marpe REGISTRAR

Filed 4-6, 1920. Henry Marpe REGISTRAR
Address Princeton Minn

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 8

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

FULL NAME OF CHILD Donald Ralph Gebert (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
~~Male~~ Male				yes	Month March Day 8 Year, 1920

	FATHER	MOTHER
FULL NAME	William H Gebert	
FULL MAIDEN NAME		Ida Noeske
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	33	26
BIRTHPLACE	Germany	Minnesota
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 2 — Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on March 6 1920, at 6,25 A. M.

(Signature) G. R. Caley
Dated 4-6 1920. (Attending physician, ~~midwife, father, etc.~~)
Address Princeton Minn

Given or Christian name added from a supplemental report April 10 1920
Henry Marpe REGISTRAR

Filed 4-6, 1920. Henry Marpe REGISTRAR
Address Princeton Minn

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 9

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

FULL NAME OF CHILD Ernest M. Riebe (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month April Day 8 Year, 1920

	FATHER	MOTHER
FULL NAME	George E. Riebe	
FULL MAIDEN NAME		Meta E. Hoeft
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	23	21
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 1 — Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on April 8 1920, at 3,00 P. M.

(Signature) G. R. Caley M.D.
Dated May 8 1920. (Attending physician, ~~midwife, father, etc.~~)
Address Princeton Minn

Given or Christian name added from a supplemental report June 12 1920
Henry Marpe REGISTRAR

Filed May 8, 1920. Henry Marpe REGISTRAR
Address Princeton Minn

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 10

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

FULL NAME OF CHILD Annie Elizabeth Stanley (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month April Day 24 Year, 1920

	FATHER	MOTHER
FULL NAME	Owen L Stanley	
FULL MAIDEN NAME		Jennie Olson
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	30	33
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 8 — Number of Children of this Mother now living 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on April 24 1920, at 10,30 P. M.

(Signature) Owen L Stanley
Dated May 17 1920. Father (Attending physician, midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report 19
REGISTRAR

Filed May 17, 1920. Henry Marpe REGISTRAR
Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
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Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 11

(No. , St.; Ward)

FULL NAME OF CHILD Lester Edward Greenwood (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month May Day 26 Year, 1920

FATHER	MOTHER
FULL NAME Emory H. Greenwood	FULL MAIDEN NAME Bertha Miller
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Canada
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 2 — Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on May 26, 1920, at 10,15 P M.

(Signature) G R Caley M D
Dated May 26 1920,
(Attending physician, ~~midwife, father, etc.~~)
Address Princeton Minn

Given or Christian name added from a supplemental report June 19 1920
Henry Marspe REGISTRAR
Filed June 6, 1920, Henry Marspe REGISTRAR
Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
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Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 12

(No. , St.; Ward)

FULL NAME OF CHILD Ronald Earl Snow (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
~~Male~~ Snow				yes	Month May Day ~~25~~ 23 Year, 1920

FATHER	MOTHER
FULL NAME Wm Alvah Snow	FULL MAIDEN NAME Bertha Miller
RESIDENCE Long Siding Minn	RESIDENCE Long Siding
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Indiana	BIRTHPLACE Indiana
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 11 — Number of Children of this Mother now living 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on May 23, 1920, at 12-35 P M.

(Signature) G R Caley M.D.
Dated May 23 1920,
(Attending physician, ~~midwife, father, etc.~~)
Address Princeton Minn

Given or Christian name added from a supplemental report June 26 1920
Henry Marspe REGISTRAR
Filed June 6, 1920, Henry Marspe REGISTRAR
Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 13

(No. , St.; Ward)

FULL NAME OF CHILD Thelma Gena Thorson (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				Yes	Month July Day 22 Year, 1920

FATHER	MOTHER
FULL NAME Einer Thorson	FULL MAIDEN NAME Olive Olson
RESIDENCE Winnebago Minn	RESIDENCE Winnebago Minn
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Norway	BIRTHPLACE Minnesota
OCCUPATION Optomist	OCCUPATION Housewife

Number of Child of this Mother 1 — Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on July 22, 1920, at 10.40 a M.

(Signature) G. R. Caley M D
Dated July 22 1920,
(Attending physician, ~~midwife, father, etc.~~)
Address Princeton Minn

Given or Christian name added from a supplemental report Aug 21 1920
Henry Marspe REGISTRAR
Filed Aug 10, 1920, Henry Marspe REGISTRAR
Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 14

(No. , St.; Ward)

FULL NAME OF CHILD David Brennan Onstad (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month July Day 20 Year, 1920

FATHER	MOTHER
FULL NAME Walter L Onstad	FULL MAIDEN NAME Laura McVicar
RESIDENCE Princeton	RESIDENCE Princeton Minn
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Minnesota
OCCUPATION Forest Ranger	OCCUPATION Housewife

Number of Child of this Mother 1 — Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on July 20, 1920, at 12.10 a M.

(Signature) H G Cooney M D
Dated July 20 1920,
(Attending physician, ~~midwife, father, etc.~~)
Address Princeton Minn

Given or Christian name added from a supplemental report Sept 19 1920
Henry Marspe REGISTRAR
Filed Aug 10, 1920, Henry Marspe REGISTRAR
Address Princeton Minn

34

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 15

(No. St.; Ward)

FULL NAME OF CHILD Carl Robert Steinbrecher (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				Yes	Month July Day 31 Year, 1920

	FATHER	MOTHER
FULL NAME	A Steinbrecher	Annie Schwengels
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	39	36
BIRTHPLACE	Illinois	Illinois
OCCUPATION	Farmer	Housewife
Number of Child of this Mother	7	
Number of Children of this Mother now living		7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on July 31 1920, at 5 P.M.

(Signature) H. P. Bacon M.D.

Dated July 31 1920,

(Attending physician, ~~midwife, father, etc.~~)

Address Milaca Minn

Given or Christian name added from a supplemental report Sept 5 1920

Henry Marpe REGISTRAR

Filed Aug 10, 1920. Henry Marpe REGISTRAR

Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 16

(No. St.; Ward)

FULL NAME OF CHILD Still-born Stenson (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				Yes	Month July Day 22 Year, 1920

	FATHER	MOTHER
FULL NAME	Martin Stenson	Eva Bergstrom
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	34	35
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Farmer	Housewife
Number of Child of this Mother	2	
Number of Children of this Mother now living		one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on July 22 1920, at 3.20 a.M.

(Signature) G R Caley M D

Dated 7/22 1920,

(Attending physician, ~~midwife, father, etc.~~)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

REGISTRAR

Filed Aug 10, 1920. Henry Marpe REGISTRAR

Address Princeton Minn

35

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 17

(No. St.; Ward)

FULL NAME OF CHILD Everett Henry George Peterson (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month July Day 25 Year, 1920

	FATHER	MOTHER
FULL NAME	Jes. E. Peterson	Caroline Schulte
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	32	23
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Farmer	Housewife
Number of Child of this Mother	2	
Number of Children of this Mother now living		2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on July 25 1920, at 10.55 P.M.

(Signature) G R Caley

Dated ~~July~~ Aug 1 25 1920,

(Attending physician, ~~midwife, father, etc.~~)

Address Princeton Minn

Given or Christian name added from a supplemental report Sept. 26 1920

Henry Marpe REGISTRAR

Filed Sept 1, 1920. Henry Marpe REGISTRAR

Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 18

(No. St.; Ward)

FULL NAME OF CHILD Lester Frederick Terborch (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Aug, Day 14 Year, 1920

	FATHER	MOTHER
FULL NAME	Fred J. Terborch	Elsie M. Neumann
RESIDENCE	Lake City Minn	Lake City Minn
COLOR OR RACE	White	
AGE AT LAST BIRTHDAY (Years)	25	20
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Auto-Mechanic	Housewife
Number of Child of this Mother	1	
Number of Children of this Mother now living		1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Aug 14 1920, at 12 a.M.

(Signature) G R Caley M.D.

Dated Aug 31 1920,

(Attending physician, ~~midwife, father, etc.~~)

Address Princeton Minn

Given or Christian name added from a supplemental report Jan 13 1921

Henry Marpe REGISTRAR

Filed Sept 1, 1920. Henry Marpe REGISTRAR

Address Princeton Minn

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 19

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

FULL NAME OF CHILD Marvel Florence Berry (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Sept Day 2 Year, 1920

FATHER	MOTHER
FULL NAME Charles Myron Berry	FULL MAIDEN NAME Edna Ellstrom
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Salesman	OCCUPATION Housewife

Number of Child of this Mother 3 — Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Sept 2, 1920, at 11 P. M.

(Signature) Mrs Julia Jantzen
Dated Sept 11 1920,
(Attending physician, midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report 19
REGISTRAR

Filed Sept 11, 1920, Henry Marpe REGISTRAR
Address Princeton Minn

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 20

FULL NAME OF CHILD Warren Archer (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Sept Day 13 Year, 1920

FATHER	MOTHER
FULL NAME Glen H Archer	FULL MAIDEN NAME Alma H Wagner
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Indiana	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 3 — Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Sept 13, 1920, at 10 45 A. M.

(Signature) G R Caley M.D.
Dated Sept 15 1920,
(Attending physician, midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report Dec 6 1920
Henry Marpe REGISTRAR

Filed Sept 20, 1920, Henry Marpe REGISTRAR
Address Princeton Minn

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 21

FULL NAME OF CHILD Edna Louise Eggert (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Oct Day 9 Year, 1920

FATHER	MOTHER
FULL NAME Fred A. Eggert	FULL MAIDEN NAME Emma Lehmidt
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 44 (Years)	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Germany	BIRTHPLACE Illinois
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 11 — Number of Children of this Mother now living 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Oct 9, 1920, at 4.30 P. M.

(Signature) G R Caley M.D.
Dated Nov 6 1920,
(Attending physician, midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report Jan 13 1920
Henry Marpe REGISTRAR

Filed Nov 6, 1920, Henry Marpe REGISTRAR
Address Princeton Minn

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 22

FULL NAME OF CHILD Harold William Greenwood (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Oct Day 15 Year, 1920

FATHER	MOTHER
FULL NAME Wm Greenwood	FULL MAIDEN NAME Dora A. Burke
RESIDENCE Princeton Brickton Minn	RESIDENCE Brickton Minn
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 3 — Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Oct 15, 1920, at 4 15 P. M.

(Signature) G R Caley M.D.
Dated Nov 6 1920,
(Attending physician, midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report Dec 9 1920
Henry Marpe REGISTRAR

Filed Nov 6, 1920, Henry Marpe REGISTRAR
Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 23

(No. St.; Ward)

FULL NAME OF CHILD Sherman Butler Foote — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Nov. Day 8 Year, 1920

FATHER	MOTHER
FULL NAME Sidney L. Foote	FULL MAIDEN NAME Rosie E Minks
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 47 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Ohio	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 3 — Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Nov 8 1920, at 7 25 P.M.

(Signature) G R Caley M. D.
Dated 12-1-20 19
Address Princeton Minn
(Attending physician, ~~midwife, father, etc.~~)

Given or Christian name added from a supplemental report Dec 9 1920
Henry Marpe REGISTRAR

Filed 12-1, 1920. Henry Marpe REGISTRAR
Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 24

(No. St.; Ward)

FULL NAME OF CHILD Sophia Schanhaar — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
~~Female~~ Male				yes.	Month Nov Day 20 Year, 1920

FATHER	MOTHER
FULL NAME Lawerence Schanhaar	FULL MAIDEN NAME Mary M. Frese
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Wisconsin	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 3 — Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Nov 20 1920, at 6 20 a.M.

(Signature) G R Caley M. D.
Dated 12-1 1920.
Address Princeton Minn
(Attending physician, ~~midwife, father, etc.~~)

Given or Christian name added from a supplemental report Feb 3 1921
Henry Marpe REGISTRAR

Filed 12-1, 1920. Henry Marpe REGISTRAR
Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 2

(No. St.; Ward)

FULL NAME OF CHILD Ernest Joseph Frank Carsalli — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				Yes	Month March Day 24 Year, 1921

FATHER	MOTHER
FULL NAME Victor P Carsalli	FULL MAIDEN NAME Mary E Jane
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Minn	BIRTHPLACE Canada
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 7 — Number of Children of this Mother now living 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on March 24 1921, at 11 45 a.M.

(Signature) G R Caley
Dated 4/9 1921,
Address Princeton
(Attending physician, ~~midwife, father, etc.~~)

Given or Christian name added from a supplemental report 5/30 1921
A F Meyer REGISTRAR

Filed 4/9, 1921. A F Meyer REGISTRAR
Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 1

(No. St.; Ward)

FULL NAME OF CHILD Willard Joseph Vernon — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Jan Day 8 Year, 1921

FATHER	MOTHER
FULL NAME John T. Vernon	FULL MAIDEN NAME Ida C. Heruth
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 6 — Number of Children of this Mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Jan 8 1921, at 5 00 a.M.

(Signature) G R Caley M.D.
Dated Jan 18 1921,
Address Princeton Minn
(Attending physician, ~~midwife, father, etc.~~)

Given or Christian name added from a supplemental report 4/2 1921
A F Meyer REGISTRAR

Filed 1-18, 1921. Henry Marpe REGISTRAR
Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 3

(No. St.; Ward)

FULL NAME OF CHILD Hulda Wilhelmina Genz — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				Yes	Month Mar Day 24 Year, 1921

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Emil F Genz	Amalia Zoellmer
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	54	39
BIRTHPLACE	Germany	Minn
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 4 — Number of Children of this Mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Mar 24, 1921, at 12 1/2 A.M.

(Signature) G R Caley M D
Dated April 1st 1921,
(Attending physician, ~~midwife, father, etc.~~)
Address Princeton

Given or Christian name added from a supplemental report 4/5 1921
A F Meyer REGISTRAR

Filed 4/9, 1921, A F Meyer REGISTRAR
Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 4

(No. St.; Ward)

FULL NAME OF CHILD Marguirite Grace Steeves — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				Yes	Month Mar Day 11 Year, 1921

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hugo Duglas Steeves	Hattie Mary Simpson
RESIDENCE		Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	51	34
BIRTHPLACE	Minnesota	Minn
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 8 — Number of Children of this Mother now living 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Mar 24, 1921, at 1 40 A.M.

(Signature) G R Caley
Dated April 1st 1921,
(Attending physician, ~~midwife, father, etc.~~)
Address Princeton

Given or Christian name added from a supplemental report 4/5 1921
A F Meyer REGISTRAR

Filed 4/9, 1921, A F Meyer REGISTRAR
Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 5

(No. St.; Ward)

FULL NAME OF CHILD Leona Lucial Suker — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female					Month March Day 27 Year, 1921

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Suker	Magdlena Froelich
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	41	36
BIRTHPLACE	Iowa	S. Dak
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 6 — Number of Children of this Mother now living 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on March 27, 1921, at 6 10 A.M.

(Signature)
Dated 4/10 1921, Henry Suker
(Attending ~~physician, midwife,~~ father, etc.)
Address Princeton

Given or Christian name added from a supplemental report 19

REGISTRAR

Filed 4/13, 1921, A F Meyer REGISTRAR
Address Princeton

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of Roseley

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 6

(No. St.; Ward)

FULL NAME OF CHILD Baby Schlee — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				Yes	Month April Day 6 Year, 1921

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Otto E Schlee	Stella M Berry
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	24	18
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 1 — Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on April 6, 1921, at 6 A.M.

(Signature) G R Caley
Dated April 6 1921,
(Attending physician, ~~midwife, father, etc.~~)
Address A F Meyer Princeton

Given or Christian name added from a supplemental report July 4 1921
A F Meyer REGISTRAR

Filed May 13, 1921, A F Meyer REGISTRAR
Address Princeton

2881

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 7

FULL NAME OF CHILD Baby Hedlund (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other? and Number in order of Birth	Legitimate?	Date of Birth
		Yes	Month 5/8 Day Year, 1921

FATHER	MOTHER
FULL NAME Victor Hedlund	FULL MAIDEN NAME Hattie Mary Steves
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 1 Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on 5/8 1921, at 6:20 A.M.

(Signature) G R Caley
Dated 5/8 1921.
(Attending physician, ~~midwife, father,~~ etc.)
Address Princeton

Given or Christian name added from a supplemental report 19

Filed 5/13, 1921. A F Meyer REGISTRAR
REGISTRAR Address Princeton

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 8

FULL NAME OF CHILD Martin Rudolph Strauch (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other? and Number in order of Birth	Legitimate?	Date of Birth
Male		Yes	Month May Day 18 Year, 1921

FATHER	MOTHER
FULL NAME A. O. Strauch	FULL MAIDEN NAME Magdelena Palster
RESIDENCE	RESIDENCE
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 44 (Years)	AGE AT LAST BIRTHDAY 44 (Years)
BIRTHPLACE Germany	BIRTHPLACE Germany
OCCUPATION Minister	OCCUPATION Housewife

Number of Child of this Mother 10 Number of Children of this Mother now living 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on 18 May 1921, at 10:40 A.M.

(Signature) C H Cooney
Dated May 23 1921.
(Attending physician, ~~midwife, father,~~ etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed 28 May 1921 A F Meyer REGISTRAR
REGISTRAR Address Princeton Minn

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 9

FULL NAME OF CHILD Harold Alvin Meyer (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other? and Number in order of Birth	Legitimate?	Date of Birth
Male		Yes	Month July Day 9 Year, 1921

FATHER	MOTHER
FULL NAME Clarence Meyer	FULL MAIDEN NAME Anna Kopischke
RESIDENCE	RESIDENCE
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 1 Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Aug 7 1921, at 7:15 M.

(Signature) Mrs Wm Fischer
Dated 7-12 1921. Mrs W Fischer
(Attending physician, ~~midwife, father,~~ etc.)
Address A F Meyer

Given or Christian name added from a supplemental report 19

Filed 7-12, 1921. A F Meyer REGISTRAR
REGISTRAR Address Princeton Minn

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 10

FULL NAME OF CHILD Albrecht (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other? and Number in order of Birth	Legitimate?	Date of Birth
Male		Yes	Month June Day 26 Year, 1921

FATHER	MOTHER
FULL NAME Frank Albrecht	FULL MAIDEN NAME Margret Fiabant
RESIDENCE Princeton Minn	RESIDENCE Princeton Minn
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 4 Number of Children of this Mother now living 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on June 26. 1921, at 10:15 A.M.

(Signature) G R Caley
Dated 19,
(Attending physician, ~~midwife, father,~~ etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed 8/8, 1921. A F Meyer REGISTRAR
REGISTRAR Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 11

(No. , St.; Ward)

FULL NAME OF CHILD Erma Gertrude Gilberth — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and Number in order of Birth	Legitimate?	Date of Birth
Female			yes	Month June Day 15 Year, 1921

	FATHER	MOTHER
FULL NAME	Augo Wm Gilberth	FULL MAIDEN NAME Ida Look
RESIDENCE	Princeton Minn	Princeton Minn
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	31	32
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 3 — Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on June 15 1921, at 2:15 P.M.

(Signature) G R Caley

Dated June 15 1921, G R Caley (Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 12/9 1921

A F Meyer REGISTRAR

Filed 8-8, 1921, A F Meyer REGISTRAR

Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 12

(No. , St.; Ward)

FULL NAME OF CHILD Still Born — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and Number in order of Birth	Legitimate?	Date of Birth
Male			yes	Month June Day 6 Year, 1921

	FATHER	MOTHER
FULL NAME	John Kirchoff	FULL MAIDEN NAME Anna Skrutney
RESIDENCE	Princeton Minn	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	28	30
BIRTHPLACE	Iowa	Ill
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 1 — Number of Children of this Mother now living 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on June 6 1921, at 11:30 P.M.

(Signature) G R Caley

Dated 6-6 1921, (Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed 8-8 1921, A F Meyer REGISTRAR

Address Princeton Minn

REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
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STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 13

(No. , St.; Ward)

FULL NAME OF CHILD Earl Leopold Emil Jopp — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and Number in order of Birth	Legitimate?	Date of Birth
Male			yes	Month July Day 14 Year, 1921

	FATHER	MOTHER
FULL NAME	Lapoed L Jopp	FULL ~~MAIDEN~~ Residence NAME Princeton
RESIDENCE	Princeton	~~RESIDENCE~~ Maiden Name Dena Rohlaff
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	36	30
BIRTHPLACE	Minnesota	Wisconsin
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 3 — Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on July 14 1921, at 2:20 A.M.

(Signature) G R Caley

Dated July 14 1921, (Attending physician, ~~midwife, father,~~ etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report July 6 1921

A F Meyer REGISTRAR

Filed 8-8, 1921, A F Meyer REGISTRAR

Address Princeton Minn

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RECORD OF BIRTH

Registered No. 14

(No. , St.; Ward)

FULL NAME OF CHILD Rodney Allen Clemons — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and Number in order of Birth	Legitimate?	Date of Birth
Male			yes	Month July Day 2 Year, 1921

	FATHER	MOTHER
FULL NAME	Wm Wallace Clemons	FULL MAIDEN NAME Ida Liska
RESIDENCE	Long Siding Minn	Long Siding Minn
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	32	40
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 6 — Number of Children of this Mother now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on July 2 1921, at 7:00 P.M.

(Signature) G R Caley

Dated 7/2 1921, (Attending physician, ~~midwife, father,~~ etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report Aug 13 1921

A. F. Meyer REGISTRAR

Filed 8-8, 1921, A F Meyer REGISTRAR

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RECORD OF BIRTH

Registered No. 15

(No. , St.; Ward)

FULL NAME OF CHILD Marjory Leona Gerath (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				Yes	Month July 16 Day Year, 1921

	FATHER	MOTHER
FULL NAME	Rudolph Gerath	FULL MAIDEN NAME Amey F. Peterson
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY	29 (Years)	20 (Years)
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 1 — Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on July 16, 1921, at 5.50 A.M.

(Signature) G R Caley

Dated 7-16 1921, (Attending physician, ~~midwife, father~~, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 12/9 1921

A. F. Meyer REGISTRAR

Filed 8-8, 1921, A F Meyer REGISTRAR

Address Princeton Minn

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RECORD OF BIRTH

Registered No. 16

(No. Oftedahl St.; Ward)

FULL NAME OF CHILD (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				Yes	Month July 19 Day Year, 1921

	FATHER	MOTHER
FULL NAME	Fred B Oftedahl	FULL MAIDEN NAME Mable M. Tyler
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY	39 (Years)	29 (Years)
BIRTHPLACE	Minnesota	Wisconsin
OCCUPATION	Carpenter	Housewife

Number of Child of this Mother 5 — Number of Children of this Mother now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on July 19, 1921, at 7.15 P.M.

(Signature) G R Caley

Dated July 19 1921, (Attending physician, midwife, father, etc.)

Address Princeton

Given or Christian name added from a supplemental report 19

REGISTRAR

Filed 8-8, 1921, A F Meyer REGISTRAR

Address Princeton Minn

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RECORD OF BIRTH

Registered No. 17

(No. , Lindgren St.; Ward)

FULL NAME OF CHILD (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				Yes	Month Aug Day 17 Year, 1921

	FATHER	MOTHER
FULL NAME	Carl E Lindgren	FULL MAIDEN NAME Iva L Rust
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY	23 (Years)	18 (Years)
BIRTHPLACE	Sweden	Ft. Princeton Minn
OCCUPATION	Auto Salesman	Housewife

Number of Child of this Mother 1 — Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Aug 17, 1921, at 2.40 P.M.

(Signature) G R Caley

Dated 8/17 1921, G R Caley (Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

REGISTRAR

Filed Sept 12, 1921, A F Meyer REGISTRAR

Address Princeton Minn

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RECORD OF BIRTH

Registered No. 18

(No. , Daley St.; Ward)

FULL NAME OF CHILD Doris (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				Yes	Month Aug Day 3 Year, 1921

	FATHER	MOTHER
FULL NAME	Paul Daley	FULL MAIDEN NAME Minnie Hofman
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY	40 (Years)	36 (Years)
BIRTHPLACE	Germany	Germany
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 4 — Number of Children of this Mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Aug 3, 1921, at 9.45 A.M.

(Signature) G. R. Caley

Dated 19 , G R Caley (Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 6/10 1922

A F Meyer REGISTRAR

Filed Sept 12, 1921, A F Meyer REGISTRAR

Address Princeton Minn

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RECORD OF BIRTH

Registered No. 19

(No. , St.; Ward)

FULL NAME OF CHILD Carl Wilhelm Herald Peterson (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				Yes	Month Sept Day 20 Year, 19 21

FATHER	MOTHER
FULL NAME Geo Edward Peterson	FULL MAIDEN NAME Carolina M Schultz
RESIDENCE	RESIDENCE Princeton Minn
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Nebraska
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 3 — Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Sept 20, 1921, at 12:25 P.M.

(Signature)
Dated Sept 20 1921, G R Caley
(Attending physician, midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report Oct 9 1921
A F Meyer REGISTRAR

Filed Oct 10, 1921, A F Meyer REGISTRAR
Address Princeton Minn

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RECORD OF BIRTH

Registered No. 21

(No. 2881 , St.; Ward)

FULL NAME OF CHILD Bruce Gardner Parks (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				Yes	Month 12 Day 12 Year, 19 11

FATHER	MOTHER
FULL NAME Leon Abram Parks	FULL MAIDEN NAME May Emily Gardner
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Austin Minn	BIRTHPLACE St Paul Minn
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother three — Number of Children of this Mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on , 19 , at 12 A M.

(Signature) May G. Parks
Dated 19 ,
(Attending physician, midwife, father, etc.)
Address

Given or Christian name added from a supplemental report 19
REGISTRAR

Filed 11/8, 1921, A F Meyer REGISTRAR
Address Princeton Minn

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RECORD OF BIRTH

Registered No. 20

(No. , St.; Ward)

FULL NAME OF CHILD Alvin Herold Dalchow (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				No	Month Sept 24 Day Year, 19 21

FATHER	MOTHER
FULL NAME Otto H Dalchow	FULL MAIDEN NAME Wanda S Hamann
RESIDENCE Princeton Minn	RESIDENCE Princeton Minn
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 20 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Princeton Minn	BIRTHPLACE Princeton Minn
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 1 — Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Sept 24, 1921, at 3:00 P.M.

(Signature) G R Caley
Dated 19 , G R Caley
(Attending physician, midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report Oct 9 1921
A F Meyer REGISTRAR

Filed Oct 10, 1921, A F Meyer REGISTRAR
Address Princeton Minn

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RECORD OF BIRTH

Registered No. 22

(No. Miller , St.; Ward)

FULL NAME OF CHILD Jean (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				Yes	Month Dec Day 8 Year, 19 21

FATHER	MOTHER
FULL NAME Lee M Miller	FULL MAIDEN NAME Nancy L Sartell
RESIDENCE Princeton Minn	RESIDENCE Princeton Minn
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 43 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Minn	BIRTHPLACE Minn
OCCUPATION Conductor Rudd Lumber Co	OCCUPATION Housewife

Number of Child of this Mother 8 — Number of Children of this Mother now living 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Dec 8, 1921, at 2:15 A.M.

(Signature) G. R. Caley
Dated Jan 8 1922
(Attending physician, midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report 19
REGISTRAR

Filed Jan 13, 1922, A F Meyer REGISTRAR
Address Princeton Minn

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RECORD OF BIRTH

Registered No. 23

(No. 2881 St.; Ward)

FULL NAME OF CHILD Herald David Gebert — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Dec Day 23 Year, 1921

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm H. Gebert	Ida M Woeske
RESIDENCE	Princeton Minn	Princeton Minn
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	35	28
BIRTHPLACE	Germany	Minn
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 3 — Number of Children of this Mother now living ~~3~~

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Dec 23 1921, at 7:10 P.M.

(Signature) G R Caley
Dated Jan 8 1922
(Attending physician, midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report 9 day 1922
A F Meyer REGISTRAR

Filed 1/12, 1922 A F Meyer REGISTRAR
Address Princeton Minn

PLACE OF BIRTH
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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 24

(No. St.; Ward)

FULL NAME OF CHILD Roy Martin Gudarean — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Jan Day 14 Year, 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Richard Godarean	Louise Kanitz
RESIDENCE	Princeton Minn	Princeton Minn
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	39	38
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 2 — Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Jan 14 1922, at 10:30 P.M.

(Signature) E L Hall MD
Dated Jan 19 1922
(Attending physician, midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report 3/4 1922
A F Meyer REGISTRAR

Filed Feb 2, 1922 A F Meyer REGISTRAR
Address Princeton Minn

PLACE OF BIRTH
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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 25

(No. St.; Ward)

FULL NAME OF CHILD Roy Oscar Manke — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Jan Day 9 Year, 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Reinhard Manke	Ingard Johnson
RESIDENCE	Princeton Minn	Princeton Minn
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	40	32
BIRTHPLACE	Germany	Sweden
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 4 — Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Jan 9th 1922, at 4:10 A.M.

(Signature) G R Caley
Dated 1/11 1922 G R Caley
(Attending physician, midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report Feb 18 1922
A. F. Meyer REGISTRAR

Filed 2/7, 1922 A F Meyer REGISTRAR
Address Princeton Minn

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RECORD OF BIRTH

Registered No. 26

(No. St.; Ward)

FULL NAME OF CHILD Buckingham — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Jan Day 14 Year, 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lloyd Buckingham	Marie Flork
RESIDENCE	Brickton Minn	Brickton Minn
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	39	32
BIRTHPLACE	Indiana	South Dakota
OCCUPATION	Laborer	Housewife

Number of Child of this Mother 1 — Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on 1/14 1922, at 7:00 P.M.

(Signature) G R Caley
Dated 1/15 1922
(Attending physician, midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report 19
REGISTRAR

Filed 2/7, 1922 A F Meyer REGISTRAR
Address Princeton Minn

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City of

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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 27

(No. , St.; Ward)

FULL NAME OF CHILD Hedrick

(If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Jan Day 14 Year, 1922

FATHER	MOTHER
FULL NAME John E Hedrick	FULL MAIDEN NAME Augusta M Almbrig
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Ill	BIRTHPLACE Minnesota
OCCUPATION Fire Vulcanizer	OCCUPATION Housewife

Number of Child of this Mother 1

Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Jan 14 1922, at 4 15 P M.

(Signature) G R Caley

Dated 1/15 1922 (Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed 2/7 1922 A F Meyer REGISTRAR

REGISTRAR

Address Princeton Minn

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RECORD OF BIRTH

Registered No. 28

(No. , St.; Ward)

FULL NAME OF CHILD Essig

(If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Feb Day 26 Year, 1922

FATHER	MOTHER
FULL NAME Nicolas Essig	FULL MAIDEN NAME Louisa Webber
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE W	COLOR OR RACE W
AGE AT LAST BIRTHDAY 44 (Years)	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Ill	BIRTHPLACE Ill
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 8

Number of Children of this Mother now living 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Feb 26 1922, at 5 00 A M.

(Signature) E L Hall

Dated 2-28 1922, (Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed 3/4 1922 A F Meyer REGISTRAR

REGISTRAR

Address Princeton Minn

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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 29

(No. , St.; Ward)

FULL NAME OF CHILD Swan

(If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Femal				yes	Month Feb Day 19 Year, 1923

FATHER	MOTHER
FULL NAME Ira Swan	FULL MAIDEN NAME Ada Adams
RESIDENCE Brickton	RESIDENCE Brickton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Iowa
OCCUPATION Laber	OCCUPATION Housewife

Number of Child of this Mother 4

Number of Children of this Mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on 2/19 1923, at 3 45 P M.

(Signature) E L Hall

Dated 3/25 1923 (Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed 3/4 1923 A F Meyer REGISTRAR

REGISTRAR

Address Princeton Minn

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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 30

(No. , St.; Ward)

FULL NAME OF CHILD Earl Arnold Prestorf

(If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male White				yes	Month Feb Day 3[illegible] Year, 1922

FATHER	MOTHER
FULL NAME Wm Prestorf	FULL MAIDEN NAME Dora Bassler
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 4

Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on 3/21 1922, at 3 00 P M.

(Signature) E L Hall

Dated 19, (Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report Aug 11 1922

A F Meyer REGISTRAR

REGISTRAR

Filed 3/7 1922, A F Meyer REGISTRAR

Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 1

(No. , St.; Ward)

FULL NAME OF CHILD Harry Learoy Stanley — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other? and	Number in order of Birth	Legitimate?	Date of Birth
Male				Month Feb Day 19 Year, 1922

FATHER
FULL NAME: Owen L Stanley
RESIDENCE: Princeton
COLOR OR RACE: White
AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Minnesota
OCCUPATION: Farmer
Number of Child of this Mother: 7

MOTHER
FULL MAIDEN NAME: Jennie Olson
RESIDENCE: Princeton
COLOR OR RACE: White
AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Minnesota
OCCUPATION: Housewife
Number of Children of this Mother now living: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on 2/19/22, at 1:30 P.M.

(Signature) Owen L Stanley
Dated 3/11, 1922, (Attending physician, midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed 3/12, 1922, A F Meyer REGISTRAR
REGISTRAR
Address Princeton Minn

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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 2

(No. , St.; Ward)

FULL NAME OF CHILD Maryan Claires Edmonds — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other? and	Number in order of Birth	Legitimate?	Date of Birth
Female			Yes	Month April Day 4 Year, 1922

FATHER
FULL NAME: Earl D Edmonds
RESIDENCE: Princeton Minn
COLOR OR RACE: White
AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Princeton Minn
OCCUPATION: Farmer
Number of Child of this Mother: 1

MOTHER
FULL MAIDEN NAME: Lulo H Olson
RESIDENCE: Princeton Minn
COLOR OR RACE: White
AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Princeton Minn
OCCUPATION: Housewife
Number of Children of this Mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on April, 1922, at 2:15 P.M.

(Signature) G R Caley
Dated April 4 1922, (Attending physician, midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report May 25 1922

A F Meyer REGISTRAR
REGISTRAR
Filed April 4, 1922, A F Meyer REGISTRAR
Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 3

(No. , St.; Ward)

FULL NAME OF CHILD Still Born — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other? and	Number in order of Birth	Legitimate?	Date of Birth
Femal			Yes	Month April Day 7 Year, 1922

FATHER
FULL NAME: John E Olson
RESIDENCE: Princeton Minn
COLOR OR RACE: White
AGE AT LAST BIRTHDAY: 49 (Years)
BIRTHPLACE: Minnesota
OCCUPATION: Farmer
Number of Child of this Mother: 3

MOTHER
FULL MAIDEN NAME: Amelia Aff
RESIDENCE: Princeton Minn
COLOR OR RACE: White
AGE AT LAST BIRTHDAY: 42 (Years)
BIRTHPLACE: Sweden
OCCUPATION: Housewife
Number of Children of this Mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on April 7, 1922, at 2:30 P.M.

(Signature) G R Caley
Dated April 7 1922, (Attending physician, midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed May 11, 1922, A F Meyer REGISTRAR
REGISTRAR
Address Princeton Minn

PLACE OF BIRTH
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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 4

(No. , St.; Ward)

FULL NAME OF CHILD Bergeron — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other? and	Number in order of Birth	Legitimate?	Date of Birth
Male				Month May Day 27 Year, 1922

FATHER
FULL NAME: Leon E Bergeron
RESIDENCE: Brickton Minn
COLOR OR RACE: White
AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Minn
OCCUPATION: Farmer
Number of Child of this Mother: 2

MOTHER
FULL MAIDEN NAME: Derma F Liska
RESIDENCE: Brickton Minn
COLOR OR RACE: White
AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Minn
OCCUPATION: Housewife
Number of Children of this Mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on May 27, 1922, at 9:20 P.M.

(Signature) G R Caley
Dated June 5 1922 G R Caley (Attending physician, midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed 6/5, 1922, A F Meyer REGISTRAR
REGISTRAR
Address Princeton Minn

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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 5

(No. , St.; Ward)

FULL NAME OF CHILD Martha Adelina Kunkel

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month July Day 2 Year, 1922

FATHER	MOTHER
FULL NAME Henry B Kunkel	FULL MAIDEN NAME Adelmine Seefeldt
RESIDENCE Princeton Minn	RESIDENCE Princeton Minn
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 3

Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on July 2, 1922, at 9 10 A.M.

(Signature) G R Caley

Dated , 19 , (Attending physician, midwife, father, etc.)

Address

Given or Christian name added from a supplemental report Aug 11 1922

A F Meyer REGISTRAR

Filed Aug 11, 1922 A F Meyer REGISTRAR

Address Princeton Minn

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County of Mille Lacs
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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 6

(No. , St.; Ward)

FULL NAME OF CHILD Donald R Gerth

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male					Month Sept Day 17 Year, 1922

FATHER	MOTHER
FULL NAME Anton W Gerth	FULL MAIDEN NAME Martha L Millbrandt
RESIDENCE Princeton Minn	RESIDENCE Princeton Minn
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 1

Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Sept 17, 1922, at 7 30 A.M.

(Signature) G R Caley

Dated Oct 7 1922 , (Attending physician, ~~midwife, father, etc.~~)

Address

Given or Christian name added from a supplemental report Nov 13 1922

A F Meyer REGISTRAR

Filed Oct 7, 1922 A F Meyer REGISTRAR

Address Princeton Minn

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County of Mille Lacs
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STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 7

(No. , St.; Ward)

FULL NAME OF CHILD Berry

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Sept Day 30 Year, 1922

FATHER	MOTHER
FULL NAME Lloyd A Berry	FULL MAIDEN NAME Myrtle E Henschel
RESIDENCE Princeton Minn	RESIDENCE Princeton Minn
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 2

Number of Children of this Mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 11:35

I hereby certify that I attended the birth of above child, and that it occurred on Sept 30, 1922, at a M.

(Signature) E L Hall

Dated Sept 30 1922 , (Attending physician, ~~midwife, father,~~ etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

REGISTRAR

Filed Oct 7, 1922 A F Meyer REGISTRAR

Address Princeton Minn

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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 8

(No. , St.; Ward)

FULL NAME OF CHILD Sanford

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Oct Day 14 Year, 1922

FATHER	MOTHER
FULL NAME Gordon Sanford	FULL MAIDEN NAME Elsie Nystedt
RESIDENCE Princeton Minn	RESIDENCE Princeton Minn
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Neb
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 1

Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Oct 14, 1922, at 6 00 A.M.

(Signature) G R Caley

Dated Oct 20 1922 G R Caley (Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

REGISTRAR

Filed Nov 13, 1922 A F Meyer REGISTRAR

Address Princeton Minn

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PLACE OF BIRTH
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STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 9

(No. St.; Ward)

FULL NAME OF CHILD Gerald — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Oct Day 5 Year, 1922

FATHER		MOTHER	
FULL NAME	Rudolph Geratt	FULL MAIDEN NAME	Amy F Peterson
RESIDENCE	Princeton Minn	RESIDENCE	Princeton
COLOR OR RACE	White	COLOR OR RACE	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Minn	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of Child of this Mother 2 — Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Oct 5, 1922, at 7:30 P.M.

(Signature) G R Caley
Dated Oct 15 1922 G R Caley (Attending physician, midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report 19

REGISTRAR

Filed Nov 13, 1922 A F Meyer REGISTRAR
Address Princeton Minn.

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STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 10

(No. St.; Ward)

FULL NAME OF CHILD Carrold Defeares — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male	Twins		one	yes	Month Oct Day 6 Year, 1922

FATHER		MOTHER	
FULL NAME	Napoleon P Defeares	FULL MAIDEN NAME	Susana P Stenglein
RESIDENCE	Princeton	RESIDENCE	Princeton
COLOR OR RACE	White	COLOR OR RACE	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Labor	OCCUPATION	Housewife

Number of Child of this Mother 6 — Number of Children of this Mother now living 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Oct 6, 1922, at 12:05 A.M.

(Signature) G R Caley
Dated Oct 15 1922 G R Caley (Attending physician, midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report 19

REGISTRAR

Filed Nov 13, 1922 A F Meyer REGISTRAR
Address Princeton Minn

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PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
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City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 11

(No. St.; Ward)

FULL NAME OF CHILD Harold Defeares — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male	Twins		two	yes	Month Oct Day 6 Year, 1922

FATHER		MOTHER	
FULL NAME	Napoleon P Defeares	FULL MAIDEN NAME	Susana P Stenglein
RESIDENCE	Princeton	RESIDENCE	Princeton Minn
COLOR OR RACE	White	COLOR OR RACE	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Minn	BIRTHPLACE	Minn
OCCUPATION	Labor	OCCUPATION	Housewife

Number of Child of this Mother 7 — Number of Children of this Mother now living 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Oct 6, 1922, at 12:20 A.M.

(Signature) G R Caley
Dated Oct 15 1922 G R Caley (Attending physician midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report 19

REGISTRAR

Filed Nov 13, 1922 A F Meyer REGISTRAR
Address Princeton Minn

PLACE OF BIRTH
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Township of Princeton
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or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 13

(No. St.; Ward)

FULL NAME OF CHILD Henry Allen Neuman — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male	Twins		one	yes	Month Oct 18 Day Year, 1922

FATHER		MOTHER	
FULL NAME	Herman Neuman	FULL MAIDEN NAME	Mary Krause
RESIDENCE	Princeton Minn	RESIDENCE	Princeton Minn
COLOR OR RACE	White	COLOR OR RACE	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Minnesota	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of Child of this Mother 6 — Number of Children of this Mother now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Oct 15, 1922, at 1:30 A.M.

(Signature) G R Caley
Dated Oct 20 1922 G R Caley (Attending physician, midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report 3/10 1923
A F Meyer
REGISTRAR

Filed Nov 13, 1922 A F Meyer REGISTRAR
Address Princeton Minn

60

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
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Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 13

(No. , St.; Ward)

FULL NAME OF CHILD Herman August Reuman — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male	Twins		two	yes	Month Oct Day 18 Year, 1922

FATHER		MOTHER	
FULL NAME	Herman Reuman	FULL MAIDEN NAME	Mary Krause
RESIDENCE	Princeton Minn	RESIDENCE	Princeton Minn
COLOR OR RACE	White	COLOR OR RACE	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Minnesota	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of Child of this Mother 6 — Number of Children of this Mother now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Oct 18 1922, at 2 PM.

(Signature) G K Caley
Dated Oct 20 1922 G K Caley (Attending physician, midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report 3/10 1923
A F Meyer REGISTRAR

Filed Nov 13, 1922 A F Meyer REGISTRAR
Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
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City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 14

(No. , St.; Ward)

FULL NAME OF CHILD Riebe — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Dec Day 26 Year, 1922

FATHER		MOTHER	
FULL NAME	Geo Riebe	FULL MAIDEN NAME	Mata Hoeft
RESIDENCE	Princeton	RESIDENCE	Princeton
COLOR OR RACE	White	COLOR OR RACE	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Minn	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of Child of this Mother 2 — Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Dec 26 1922, at 7:30 PM.

(Signature) E. L. Hall
Dated Jan 3 1923 (Attending physician, midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report 19
REGISTRAR

Filed Jan 8, 1923 A F Meyer REGISTRAR
Address Princeton Minn

61

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
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STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 15

(No. , St.; Ward)

FULL NAME OF CHILD Joseph Dale Borchers — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Dec Day 8 Year, 1922

FATHER		MOTHER	
FULL NAME	Geo A. Borchers	FULL MAIDEN NAME	Grace L. Shirley
RESIDENCE	Princeton	RESIDENCE	Princeton
COLOR OR RACE	White	COLOR OR RACE	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Hardware Clerk	OCCUPATION	Housewife

Number of Child of this Mother 3 — Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Dec 8 1922, at 1:45 AM.

(Signature) G. K. Caley
Dated 1/10 1923 G K Caley (Attending physician, midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report 19
REGISTRAR

Filed 1/11, 1923 A. F. Meyer REGISTRAR
Address Princeton Minn

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County of Mille Lacs
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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 1

(No. , St.; Ward)

FULL NAME OF CHILD Lindberg — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Jan Day 20 Year, 1923

FATHER		MOTHER	
FULL NAME	Elmer Lindberg	FULL MAIDEN NAME	Ruth Berry
RESIDENCE	Minneapolis Minn	RESIDENCE	Minneapolis Minn
COLOR OR RACE	White	COLOR OR RACE	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of Child of this Mother 1 — Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on 1-20 1923, at 6:45 AM.

(Signature) E. L. Hall
Dated 1-23 1923 E. L. Hall (Attending physician, midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report 19
REGISTRAR

Filed 2-2, 1923 A F Meyer REGISTRAR
Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 2

(No. , St.; Ward)

FULL NAME OF CHILD Vivian Elmira Müeller — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female					Month Feb Day 13 Year, 1923

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Müeller	Emma Schlesner
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	31	28
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Farmer	House Wife

Number of Child of this Mother 2 — Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Feb 13, 1923, at 11:30 A.M.

(Signature) William Müeller

Dated Feb 13 1923, (Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed 3/10, 1923, A F Meyer REGISTRAR

REGISTRAR Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
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STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 3

(No. , St.; Ward)

FULL NAME OF CHILD Kirchoff — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month March Day 2 Year, 1923

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Kirchoff	Anna Skrentney
RESIDENCE	Princeton Twp	Princeton Twp
COLOR OR RACE	W	W
AGE AT LAST BIRTHDAY (Years)	30	30
BIRTHPLACE	Pond	Ill
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 2 — Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Mar 2, 1923, at 9:15 P.M.

(Signature) E L Hall

Dated Mar 10 1923, (Attending physician, midwife, father, etc.)

Address Princeton

Given or Christian name added from a supplemental report 19

Filed April 7, 1923, A F Meyer REGISTRAR

REGISTRAR Address Princeton Minn

PLACE OF BIRTH
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STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 4

(No. , St.; Ward)

FULL NAME OF CHILD Lloyd Lueck — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month April Day 12 Year, 1923

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur Lueck	Sophia Ringbeil
RESIDENCE	Princeton Twp	Princeton Twp
COLOR OR RACE	W	W
AGE AT LAST BIRTHDAY (Years)	38	27
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 2 — Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on April 12, 1923, at 7 A.M.

(Signature) E L Hall

Dated April 15 1923, E L Hall (Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed 5/14, 1923, A F Meyer REGISTRAR

REGISTRAR Address Princeton Minn

PLACE OF BIRTH
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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 5

(No. , St.; Ward)

FULL NAME OF CHILD Edmonds — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
~~Female~~ Male				yes	Month May Day 27 Year, 1923

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Earl D Edmonds	Julia H Olson
RESIDENCE	Ogilvie Minn	Ogilvie Minn
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	26	20
BIRTHPLACE	Minn	Minn
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 2 — Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on May 27, 1923, at 8:15 P.M.

(Signature) G R Caley

Dated 7/7 1923, G R Caley (Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed 7/10, 1923, A F Meyer REGISTRAR

REGISTRAR Address Princeton Minn

64

PLACE OF BIRTH
County of Mille Lacs
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STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 6

(No. , St.; Ward)

FULL NAME OF CHILD Gieberth

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Aug Day 12 Year, 1923

FATHER	MOTHER
FULL NAME Leonard Gieberth	FULL MAIDEN NAME Emma Haeft
RESIDENCE Mille Lacs co	RESIDENCE Mille Lacs
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Minn	BIRTHPLACE Minn
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 1 Number of Children of this Mother now living 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Aug 12 1923, at 9 P M.

(Signature) E L Hall

Dated Aug 13 1923 E L Hall (Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed Aug 17, 1923, A F Meyer REGISTRAR

REGISTRAR Address Princeton Minn

PLACE OF BIRTH
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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 7

(No. , St.; Ward)

FULL NAME OF CHILD Applegate

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month July Day 5 Year, 1923

FATHER	MOTHER
FULL NAME Orvin C Applegate	FULL MAIDEN NAME Irene Thompson
RESIDENCE Brickton Minn	RESIDENCE Brickton Minn
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Princeton Minn	BIRTHPLACE Minn
OCCUPATION Laborer	OCCUPATION Housewife

Number of Child of this Mother Number of Children of this Mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on July 5 1923, at 4 40 A M.

(Signature) G R Caley

Dated 7/10 1923 G R Caley (Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed Aug 17, 1923, A F Meyer REGISTRAR

REGISTRAR Address Princeton Minn

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PLACE OF BIRTH
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STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 8

(No. , St.; Ward)

FULL NAME OF CHILD Burgston

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month July Day 9 Year, 1923

FATHER	MOTHER
FULL NAME Raymond E Burgston	FULL MAIDEN NAME Mildred B Cutler
RESIDENCE Princeton Minn	RESIDENCE Princeton Minn
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Ill	BIRTHPLACE Minn
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 1 Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on July 9 1923, at 8 10 M.

(Signature) G R Caley

Dated 7/13 1923 G R Caley (Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed Aug 17 1923, A F Meyer REGISTRAR

REGISTRAR Address Princeton Minn

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RECORD OF BIRTH

Registered No. 9

(No. , St.; Ward)

FULL NAME OF CHILD Evelyn Aneta Meyer

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female					Month Sept Day 18 Year, 1923

FATHER	MOTHER
FULL NAME Clarence Meyer	FULL MAIDEN NAME Anna Kalpisker
RESIDENCE Princeton Minn	RESIDENCE Princeton Minn
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 2 Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Sept 18 1923, at 8 P M.

(Signature) Clarence Meyer

Dated Sept 23 1923, Clarence Meyer (Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed Oct 8, 1923, A F Meyer REGISTRAR

REGISTRAR Address Princeton Minn

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RECORD OF BIRTH

Registered No. 10

(No. , St.; Ward)

FULL NAME OF CHILD Hilda Anna Caroline Krause (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Sept Day 6 Year, 1923

FATHER	MOTHER
FULL NAME Arnold Krause	FULL MAIDEN NAME Lydia Kohpiske
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 2 — Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Sept 6 1923, at 9 15 A.M.

(Signature) Anna Krause

Dated Sept 18 1923 Anna Krause (Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

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RECORD OF BIRTH

Registered No. 11

(No. , St.; Ward)

FULL NAME OF CHILD Peterstorf (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male					Month Sept Day 10 Year, 1923

FATHER	MOTHER
FULL NAME Wm Peterstorf	FULL MAIDEN NAME Dora Baessler
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 5 — Number of Children of this Mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Sept 10 1923, at 5 20 A.M.

(Signature) E L Hall

Dated Sept 15 1923 (Attending physician, midwife, father, etc.)

Address Princeton

Given or Christian name added from a supplemental report 19

Filed Dec 1, 1923. A F Meyer REGISTRAR

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RECORD OF BIRTH

Registered No. 1

(No. , Stanley St.; Ward)

FULL NAME OF CHILD (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male					Month Feb Day 8 Year, 1924

FATHER	MOTHER
FULL NAME Owen Stanley	FULL MAIDEN NAME Jennie Olson
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 8 — Number of Children of this Mother now living 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Feb 8 1924, at 4 45 A.M.

(Signature) Owen Stanley

Dated Feb 15 1924 (Attending physician, ~~midwife~~, father, etc.)

Address Princeton

Given or Christian name added from a supplemental report 19

Filed 2-17, 1924 A F Meyer REGISTRAR

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RECORD OF BIRTH

Registered No. 2

(No. , St.; Ward)

FULL NAME OF CHILD Gerth (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Feb Day 27 Year, 1924

FATHER	MOTHER
FULL NAME Anton G Gerth	FULL MAIDEN NAME Martha L Wilbrandt
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Minn	BIRTHPLACE Minn
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 2 — Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on 2/27 1924, at 10 A M.

(Signature) G R Caley

Dated 3/12 1924 G R Caley (Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed 3/12, 1924 A F Meyer REGISTRAR

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RECORD OF BIRTH

Registered No. 3

(No. , St.; Ward)

FULL NAME OF CHILD Born Dead — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male					Month Dec Day 2 Year, 1924

FATHER	MOTHER
FULL NAME: Aliver Young	FULL MAIDEN NAME: Beulah Steeves
RESIDENCE: Princeton	RESIDENCE: Princeton
COLOR OR RACE: White	COLOR OR RACE: White
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Minnesota
OCCUPATION: Labor	OCCUPATION: Housewife

Number of Child of this Mother: 1
Number of Children of this Mother now living: 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Dec 2, 1923, at 8:26 A.M.

(Signature) G R Caley
Dated 3/12 1924 G R Caley (Attending physician, midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed 3/12, 1924 A F Meyer REGISTRAR
Address Princeton Minn

REGISTRAR

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RECORD OF BIRTH

Registered No. 4

(No. , St.; Ward)

FULL NAME OF CHILD Pinz — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month April Day 29 Year, 1924

FATHER	MOTHER
FULL NAME: Arthur L. Pinz	FULL MAIDEN NAME: Mamie M Zeratta
RESIDENCE: Princeton	RESIDENCE: Princeton
COLOR OR RACE: W	COLOR OR RACE: W
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Minnesota	BIRTHPLACE: Minnesota
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of Child of this Mother: 1
Number of Children of this Mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on April 29, 1924, at 11:30 A.M.

(Signature) G R Caley
Dated 19 , G R Caley (Attending physician, midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed June 14, 1924 A F Meyer REGISTRAR
Address Princeton Minn

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RECORD OF BIRTH

Registered No. 5

(No. , St.; Ward)

FULL NAME OF CHILD Theodore Erick Edward Strauch — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
M					Month May Day 14 Year, 1924

FATHER	MOTHER
FULL NAME: A O Strauch	FULL MAIDEN NAME: Magdalena Polster
RESIDENCE: Princeton	RESIDENCE: Princeton
COLOR OR RACE: W	COLOR OR RACE: W
AGE AT LAST BIRTHDAY: 47 (Years)	AGE AT LAST BIRTHDAY: 47 (Years)
BIRTHPLACE: Germany	BIRTHPLACE: Germany
OCCUPATION: Ordained Minister	OCCUPATION: Housewife

Number of Child of this Mother: 11
Number of Children of this Mother now living: 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on May 14, 1924, at 3:20 M.

(Signature)
Dated July 12 1924 A.O. Strauch (Attending physician, midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed July 12, 1924 A F Meyer REGISTRAR
Address Princeton Minn

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RECORD OF BIRTH

Registered No. 6

(No. , St.; Ward)

FULL NAME OF CHILD Wallace — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
L				yes	Month June Day 22 Year, 1924

FATHER	MOTHER
FULL NAME: Floyd F Wallace	FULL MAIDEN NAME: Ethel Snow
RESIDENCE: St Cloud Minn	RESIDENCE: St Cloud Minn
COLOR OR RACE: W	COLOR OR RACE: W
AGE AT LAST BIRTHDAY: 20 (Years)	AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Indiana
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of Child of this Mother: 1
Number of Children of this Mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on June 22, 1924, at 3:30 M.

(Signature) E L Hall
Dated 6/23 1924 E L Hall (Attending physician, midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed 7/24, 1924 A F Meyer REGISTRAR
Address Princeton Minn

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RECORD OF BIRTH

Registered No. 7

(No. , St.; Ward)

FULL NAME OF CHILD Hoehn

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other? and Number in order of Birth	Legitimate?	Date of Birth
Male		yes	Month May Day 29 Year, 1924

FATHER	MOTHER
FULL NAME Albert Hoehn	FULL MAIDEN NAME Myrtle Carr
RESIDENCE Princeton Twp	RESIDENCE Princeton Twp
COLOR OR RACE W	COLOR OR RACE W
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 2 Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on May 29, 1924, at 5 A.M.

(Signature) E L Hall

Dated May 29 1924, E L Hall (Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed 7/27, 1924, A F Meyer REGISTRAR

REGISTRAR Address Princeton Minn

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RECORD OF BIRTH

Registered No. 8

(No. , St.; Ward)

FULL NAME OF CHILD Peterson

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other? and Number in order of Birth	Legitimate?	Date of Birth
Male		yes	Month June Day 12 Year, 1924

FATHER	MOTHER
FULL NAME George E Peterson	FULL MAIDEN NAME Caroline Schultz
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 4 Number of Children of this Mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on June 12, 1924, at 12:45 M.

(Signature) G R Caley

Dated June 12 1924, G R Caley (Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed Aug 8, 1924, A F Meyer REGISTRAR

REGISTRAR Address Princeton Minn

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RECORD OF BIRTH

Registered No. 9

(No. , St.; Ward)

FULL NAME OF CHILD Dehn

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other? and Number in order of Birth	Legitimate?	Date of Birth
Femal		yes	Month Day Year, 19

FATHER	MOTHER
FULL NAME Richard C. Dehn	FULL MAIDEN NAME Susie A Daniel
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 3 Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on July 5, 1924, at M.

(Signature) G R Caley

Dated July 5 1924, G R Caley (Attending physician, midwife, father, etc.)

Address Princeton

Given or Christian name added from a supplemental report 19

Filed Aug 8, 1924, A F Meyer REGISTRAR

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RECORD OF BIRTH

Registered No. 10

(No. , St.; Ward)

FULL NAME OF CHILD Born Dead

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other? and Number in order of Birth	Legitimate?	Date of Birth
Male		yes	Month July Day 31 Year, 1924

FATHER	MOTHER
FULL NAME Harris F Anderson	FULL MAIDEN NAME Oliver Edna Engman
RESIDENCE Long Siding	RESIDENCE Long Siding
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Plasterer	OCCUPATION Housewife

Number of Child of this Mother 1 Number of Children of this Mother now living 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on July 31, 1924, at 6:00 AM.

(Signature) G R Healey

Dated July 31 1924, G R Caley (Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed Aug 8, 1924, A F Meyer REGISTRAR

REGISTRAR Address Princeton Minn

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RECORD OF BIRTH

Registered No. 11

(No. , St.; Ward)

FULL NAME OF CHILD Christes

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
				Yes	Month June Day 12 Year, 1924

FATHER	MOTHER
FULL NAME Dave A Christes	FULL MAIDEN NAME Lana R Wilcox
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Austria	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 2

Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on June 12, 1924, at 12.05 A.M.

(Signature) G R Caley

Dated June 12 1924. G R Caley (Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed Aug 8, 1924. A F Meyer REGISTRAR

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RECORD OF BIRTH

Registered No. 12

(No. , St.; Ward)

FULL NAME OF CHILD Swartz

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Aug Day 20 Year, 1924

FATHER	MOTHER
FULL NAME Richard Swartz	FULL MAIDEN NAME Clara Jane Walker
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Minn
OCCUPATION Laborer	OCCUPATION Housewife

Number of Child of this Mother 3

Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Aug 20, 1924, at 10 A M.

(Signature) G R Caley

Dated 19 , (Attending physician, ~~midwife~~, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed 1/10, 1925. A F Meyer REGISTRAR

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Address Princeton Minn

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RECORD OF BIRTH

Registered No. 13

(No. , St.; Ward)

FULL NAME OF CHILD Wilhelm

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Mal				yes	Month Sept Day 8 Year, 1924

FATHER	MOTHER
FULL NAME Albert J Wilhelm	FULL MAIDEN NAME Lena Ora Gibert
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Germany	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 3

Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Sept 8, 1924, at 11 12 A.M.

(Signature) G. R. Caley

Dated 19 , G R Caley (Attending physician, ~~midwife~~, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed 1/10, 1925. A F Meyer REGISTRAR

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RECORD OF BIRTH

Registered No. 14

(No. , St.; Ward)

FULL NAME OF CHILD Zieman

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Oct Day 2 Year, 1924

FATHER	MOTHER
FULL NAME Theodor C Zieman	FULL MAIDEN NAME Esther Biderman
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 48 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Wis
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 1

Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Oct 2, 1924, at 7 05 A M.

(Signature) G. R. Caley

Dated 19 , G R Caley (Attending physician, ~~midwife~~, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed 1/10, 1925. A F Meyer REGISTRAR

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RECORD OF BIRTH

Registered No. 15

(No. , St.; Ward)

FULL NAME OF CHILD Riebe

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Nov Day 7 Year, 1924

	FATHER	MOTHER
FULL NAME	Geo C Riebe	
FULL MAIDEN NAME		Meta E. Hoeft
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	28	25
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 2

Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Nov 7, 1924, at 7:30 P.M.

(Signature) G R Caley

Dated 19 , G R Caley
(Attending physician, midwife, father, etc.)

Address Princeton Minn

Filed 1/10, 1925 A. F. Meyer REGISTRAR

Address Princeton Minn

Given or Christian name added from a supplemental report 19

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RECORD OF BIRTH

Registered No. 16

(No. , St.; Ward)

FULL NAME OF CHILD Pahl

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Dec Day 15 Year, 1924

	FATHER	MOTHER
FULL NAME	Leo Leopold Pahl	
FULL MAIDEN NAME		Bertha Mildred Wright
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	31	28
BIRTHPLACE	Minnesota	Minn
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 2

Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Dec 15, 1924, at 8:30 P.M.

(Signature) G R Caley

Dated 19 , G R Caley
(Attending physician, midwife, father, etc.)

Address Princeton

Filed 1/10 1925 A. F. Meyer REGISTRAR

Address Princeton Minn

Given or Christian name added from a supplemental report 19

REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 1

(No. , St.; Ward)

FULL NAME OF CHILD Gustafson

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male					Month Jan Day 31 Year, 1925

	FATHER	MOTHER
FULL NAME	Leslie Gustafson	
FULL MAIDEN NAME		Ada Elizabeth Sawyer
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	20	20
BIRTHPLACE	Ill	Minn
OCCUPATION	Truck driver	Housewife

Number of Child of this Mother 2

Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Jan 31st, 1925, at 4:20 AM.

(Signature) G R Caley M.D.

Dated 1/31 1925 G R Caley
(Attending physician, midwife, father, etc.)

Address Princeton Minn

Filed 2/10 1925 A. F. Meyer REGISTRAR

Address Princeton Minn

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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 2

(No. , St.; Ward)

FULL NAME OF CHILD Moser

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Feb Day 24 Year, 1925

	FATHER	MOTHER
FULL NAME	Jos R Moser	
FULL MAIDEN NAME		Gladys C Brown
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	34	31
BIRTHPLACE	Germany	Minn
OCCUPATION	Laborer	Housewife

Number of Child of this Mother 4

Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Feb 24, 1925, at 11:00 A.M.

(Signature) G R Caley

Dated 2/24 1925 G R Caley
(Attending physician, midwife, father, etc.)

Address Princeton Minn

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RECORD OF BIRTH

Registered No. 3

(No. , St.; Ward)

FULL NAME OF CHILD Harrington

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				Yes	Month March Day 25 Year, 1925

FATHER		MOTHER	
FULL NAME	Hiram J. Harrington	FULL MAIDEN NAME	Anna R. Schmidt
RESIDENCE	Princeton	RESIDENCE	Princeton
COLOR OR RACE	White	COLOR OR RACE	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Germany
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of Child of this Mother 7

Number of Children of this Mother now living 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Mar 25 . 1925, at 2 00 A. M.

(Signature) G.R. Caley

Dated Mar 25 1925. G.R. Caley
(Attending physician, ~~midwife, father,~~ etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed 4/8, 1925. A. F. Meyer REGISTRAR

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STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 4

(No. , St.; Ward)

FULL NAME OF CHILD Essig

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Mar 1 Day 11 Year, 1925

FATHER		MOTHER	
FULL NAME	Nicholas Essig	FULL MAIDEN NAME	Louisa Weber
RESIDENCE	Princeton	RESIDENCE	Princeton
COLOR OR RACE	White	COLOR OR RACE	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of Child of this Mother 9

Number of Children of this Mother now living 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Mar 11 . 1925, at 10 35 A. M.

(Signature) G.R. Caley

Dated Mar 11 1925. G.R. Caley
(Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 5

(No. , St.; Ward)

FULL NAME OF CHILD Schultz

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Feb Day 27 Year, 1925

FATHER		MOTHER	
FULL NAME	Fred Schultz	FULL MAIDEN NAME	Anna Aline
RESIDENCE	Princeton Twp	RESIDENCE	Princeton Twp
COLOR OR RACE	W	COLOR OR RACE	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of Child of this Mother 1

Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Feb 27 . 1925, at 11 45 A. M.

(Signature) E. L. Hall M.D.

Dated Feb 27 1925. E. L. Hall
(Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed 5/11, 1925. A. F. Meyer REGISTRAR

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City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 6

(No. , St.; Ward)

FULL NAME OF CHILD Hammel

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month March Day 1 Year, 1925

FATHER		MOTHER	
FULL NAME	Chas E Hammel	FULL MAIDEN NAME	Jannie E Dalberg
RESIDENCE	Mille Lacs Co	RESIDENCE	Mille Lacs Co
COLOR OR RACE	W	COLOR OR RACE	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of Child of this Mother 3

Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on 3/1 . 1925, at 7 00 P. M.

(Signature) E. L. Hall M D

Dated Mar 1 1925. E. L. Hall M.D.
(Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 7

(No. , St.; Ward)

FULL NAME OF CHILD Adelschlager

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
F				yes	Month May Day 5 Year, 1925

FATHER	MOTHER
FULL NAME Otto Adelschlager	FULL MAIDEN NAME Della Hestman
RESIDENCE Mille Lacs Co	RESIDENCE Mille Lacs Co
COLOR OR RACE W	COLOR OR RACE W
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Minn	BIRTHPLACE Chicago Ill
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother

Number of Children of this Mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on May 5, 1925, at 6 15 P. M.

(Signature) E. L. Hall M. D.

Dated May 6 1925 E L Hall M.D.
(Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed 6/11 1925 A. F. Meyer REGISTRAR

REGISTRAR Address Princeton Minn

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or
City of

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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 8

(No. , St.; Ward)

FULL NAME OF CHILD Thorn

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month May Day 22 Year, 1925

FATHER	MOTHER
FULL NAME Hugo Thorn	FULL MAIDEN NAME Ruth Brink
RESIDENCE Princeton Minn	RESIDENCE Princeton Minn
COLOR OR RACE White	COLOR OR RACE W
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Sweden	BIRTHPLACE Mo
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 3

Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on May 22, 1925, at M.

(Signature)

Dated 19 , G R Sealy
(Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed 7/11 , 1925 A F Meyer REGISTRAR

REGISTRAR Address Princeton Minn

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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 9

(No. , St.; Ward)

FULL NAME OF CHILD Hertel

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month April Day 3 Year, 1925

FATHER	MOTHER
FULL NAME John A. Hertel	FULL MAIDEN NAME Harriet Sparenbager
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 52 (Years)	AGE AT LAST BIRTHDAY 44 (Years)
BIRTHPLACE Germany	BIRTHPLACE Ill
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 8

Number of Children of this Mother now living 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on April 3, 1925, at 3 45 P. M.

(Signature)

Dated 19 , G R Caley
(Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 10

(No. , St.; Ward)

FULL NAME OF CHILD Greenwood

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month April Day 10 Year, 1925

FATHER	MOTHER
FULL NAME Wm Greenwood	FULL MAIDEN NAME Dora Alice Burke
RESIDENCE Long Siding Minn	RESIDENCE Long Siding Minn
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Minn	BIRTHPLACE Minn
OCCUPATION Pool Hall prop	OCCUPATION Housewife

Number of Child of this Mother 5

Number of Children of this Mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on April 10, 1925, at 8 10 A. M.

(Signature)

Dated 19 , G R Caley
(Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

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REGISTRAR Address Princeton Minn

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STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 11

(No. , St.; Ward)

FULL NAME OF CHILD Bergeron (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month May Day 2 Year, 1925

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Leon E Bergeron	Dema J Liskey
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	43	32
BIRTHPLACE	Minn	Minn
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 3 — Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on May 2 1925, at 3:00 A.M.

(Signature)
Dated 19 , G.R. Calley (Attending physician, midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report 19

REGISTRAR

Filed 7/11, 1925, A. F. Meyer REGISTRAR
Address Princeton Minn

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or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 12

(No. , St.; Ward)

FULL NAME OF CHILD Welin (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month June Day 2 Year, 1925

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alfred Welin	Mary Swanson
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	45	39
BIRTHPLACE	Sweden	Sweden
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 9 — Number of Children of this Mother now living 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on June 2 1925, at 8:30 A.M.

(Signature)
Dated 19 , G R Caley (Attending physician, ~~midwife~~, father, etc.)
Address

Given or Christian name added from a supplemental report 19

REGISTRAR

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Address Princeton Minn

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STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 13

(No. , St.; Ward)

FULL NAME OF CHILD Engman (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
F				yes	Month July Day 25 Year, 1925

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Abel Engman	Selma Lindquist
RESIDENCE	Longsiding	Longsiding
COLOR OR RACE	W	W
AGE AT LAST BIRTHDAY (Years)	45	39
BIRTHPLACE	Iowa	Minneapolis Minn
OCCUPATION	Merchant	Housewife

Number of Child of this Mother 10 — Number of Children of this Mother now living 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on July 25 1925, at 2:30 P.M.

(Signature) E L Hall M D
Dated July 26 1925, E L Hall M D (Attending physician, midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report 19

REGISTRAR

Filed Aug 17, 1925, A F Meyer REGISTRAR
Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
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or
City of Katherine Swedes

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 14

(No. , St.; Ward)

FULL NAME OF CHILD Anderson (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
F				Yes	Month July Day 20 Year, 1925

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Eplmonn Anderson	Mildred Ehlstrom
RESIDENCE	Princeton	Princeton
COLOR OR RACE	W	W
AGE AT LAST BIRTHDAY (Years)	26	25
BIRTHPLACE	Sweeden	Minn
OCCUPATION	Laborer	Housewife

Number of Child of this Mother 3 — Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on July 20 1925, at 4 P.M.

(Signature) E L Hall M D.
Dated July 21 1925, E L Hall M D. (Attending physician, midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report 19

REGISTRAR

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Address Princeton Minn

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STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 11

(No. , St.; Ward)

FULL NAME OF CHILD Evelyn Hellen Mueller (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
F					Month Aug Day 9 Year, 1925

FATHER	MOTHER
FULL NAME: Wm F Mueller	FULL MAIDEN NAME: Emma L Schlemer
RESIDENCE: Princeton	RESIDENCE: Princeton
COLOR OR RACE: W	COLOR OR RACE: W
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Minnesota	BIRTHPLACE: Minnesota
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of Child of this Mother: 3
Number of Children of this Mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Aug 9, 1925, at 6 A M.

(Signature) Wm F Mueller

Dated Aug 18 1925

(Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed Oct 11, 1925 A F Meyer REGISTRAR

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STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 12

(No. , St.; Ward)

FULL NAME OF CHILD Gerth (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Aug Day 30 Year, 1925

FATHER	MOTHER
FULL NAME: Anton G Gerth	FULL MAIDEN NAME: Martha Milbrandt
RESIDENCE: Princeton Twp	RESIDENCE: Princeton Twp
COLOR OR RACE: W	COLOR OR RACE: W
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Minn	BIRTHPLACE: Minnesota
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of Child of this Mother: 3
Number of Children of this Mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Aug 30, 1925, at 9 A M.

(Signature) G R Caley

Dated 19 , G R Caley

(Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 13

(No. , St.; Ward)

FULL NAME OF CHILD Sanford (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Sept Day 11 Year, 1925

FATHER	MOTHER
FULL NAME: Gordon Sanford	FULL MAIDEN NAME: Elsie Nystedt
RESIDENCE: Princeton Minn	RESIDENCE: Princeton Minn
COLOR OR RACE: W	COLOR OR RACE: W
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Minn	BIRTHPLACE: Minn
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of Child of this Mother: 2
Number of Children of this Mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Sept 11, 1925, at 7 AM.

(Signature) G R Caley

Dated 19 , G R Caley

(Attending physician, ~~midwife, father~~, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 14

(No. , St.; Ward)

FULL NAME OF CHILD Meyer (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Oct Day 12 Year, 1925

FATHER	MOTHER
FULL NAME: Clark C Meyer	FULL MAIDEN NAME: Audry Viola Morrison
RESIDENCE: Princeton Twp	RESIDENCE: Princeton Twp
COLOR OR RACE: W	COLOR OR RACE: W
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Minn	BIRTHPLACE: Minn
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of Child of this Mother: 2
Number of Children of this Mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Oct 12, 1925, at 8 A M.

(Signature) G R Caley

Dated 19 , G R Caley

(Attending physician, ~~midwife, father~~, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed 11/11, 1925 A F Meyer REGISTRAR

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Address Princeton Minn

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STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 15

(No. St.; Ward)

FULL NAME OF CHILD Palsfuss

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
F				no	Month Oct Day 17 Year, 1925

FATHER	MOTHER
FULL NAME	FULL MAIDEN NAME Ester Palsfuss
RESIDENCE	RESIDENCE Princeton Twp
COLOR OR RACE	COLOR OR RACE W
AGE AT LAST BIRTHDAY (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	BIRTHPLACE Minn
OCCUPATION	OCCUPATION Housewife

Number of Child of this Mother 1

Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Oct 17 1925, at 4:30 P.M.

(Signature) E L Hall

Dated Oct 18/ 1925, E L Hall (Attending physician, midwife, father, etc.)

Address Princeton Minn

Filed 11/11, 1925 A F Meyer REGISTRAR

Address Princeton Minn

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REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
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Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 16

(No. St.; Ward)

FULL NAME OF CHILD Ruby Renata Mueller

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Dec Day 22 Year, 1925

FATHER	MOTHER
FULL NAME Fred A. Mueller	FULL MAIDEN NAME Lydia E Hamann
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Minn	BIRTHPLACE Minn
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 2

Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Dec 22 1925, at 2:40 P.M.

(Signature)

Dated Dec 22 1925, G. R. Caley (Attending physician, midwife, father, etc.)

Address Princeton Minn

Filed 1/11 1926, A F Meyer REGISTRAR

Address Princeton Minn

Given or Christian name added from a supplemental report 2/11 1926

A F Meyer REGISTRAR

85

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 17

(No. St.; Ward)

FULL NAME OF CHILD Zieman

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Dec Day 11 Year, 1925

FATHER	MOTHER
FULL NAME Theodore O Zieman	FULL MAIDEN NAME Esther L Biedeman
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 48 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Wis
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 2

Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Dec 11 1925, at 11:45 A.M.

(Signature)

Dated Dec 11 1925, G. R. Caley (Attending physician, midwife, father, etc.)

Address Princeton Minn

Filed 1/11 1926, A F Meyer REGISTRAR

Address Princeton Minn

Given or Christian name added from a supplemental report 19

REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 1

(No. St.; Ward)

FULL NAME OF CHILD Ellenbaum

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Jan Day 4 Year, 1926

FATHER	MOTHER
FULL NAME Jake E Ellenbaum	FULL MAIDEN NAME Viola Schenck
RESIDENCE Princeton Twp	RESIDENCE Princeton Twp
COLOR OR RACE W	COLOR OR RACE W
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Minn	BIRTHPLACE Minn
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 1

Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Jan 4 1926, at 8:00 P.M.

(Signature) E L Hall

Dated Jan 4 1926, E L Hall M D (Attending physician, midwife, father, etc.)

Address Princeton

Filed 2/11 1926, A F Meyer REGISTRAR

Address Princeton Minn

Given or Christian name added from a supplemental report 19

REGISTRAR

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 2

FULL NAME OF CHILD Haehn (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month May Day 25 Year, 1926

FATHER	MOTHER
FULL NAME Fred F Haehn	FULL MAIDEN NAME Ester Normandin
RESIDENCE Princeton Twp	RESIDENCE Princeton Twp
COLOR OR RACE W	COLOR OR RACE W
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Farming	OCCUPATION Housewife

Number of Child of this Mother 1 Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on May 25 1926, at 4:30 A.M.

(Signature) E. L. Hall

Dated May 25 1926, E L Hall (Attending physician, midwife, father, etc.)

Address Princeton Minn

Filed Aug 12, 1926, A F Meyer REGISTRAR

Address Princeton Minn

Given or Christian name added from a supplemental report 19

REGISTRAR

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 3

FULL NAME OF CHILD Swartz (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month May Day 25 Year, 1926

FATHER	MOTHER
FULL NAME Richard Swartz	FULL MAIDEN NAME
RESIDENCE Princeton	RESIDENCE Jennie Walker
COLOR OR RACE W	COLOR OR RACE W
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Princeton Minn
OCCUPATION Laborer	OCCUPATION Housewife

Number of Child of this Mother 4 Number of Children of this Mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on May 25 1926, at 8:00 A.M.

(Signature) E L Hall

Dated May 25 1926, E L Hall (Attending physician, midwife, father, etc.)

Address Princeton Minn

Filed Aug 12, 1926, A F Meyer REGISTRAR

Address Princeton Minn

Given or Christian name added from a supplemental report 19

REGISTRAR

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 4

FULL NAME OF CHILD Stillson (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month May Day 13 Year, 1926

FATHER	MOTHER
FULL NAME Owen Stanley	FULL MAIDEN NAME Jennie A Olsen
RESIDENCE Princeton Minn	RESIDENCE Princeton
COLOR OR RACE W	COLOR OR RACE W
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Minn	BIRTHPLACE Minn
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 10 Number of Children of this Mother now living 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on May 13 1926, at 2:00 P.M.

(Signature) G R Caley

Dated Sept 11 1926, G R Caley (Attending physician, midwife, father, etc.)

Address Princeton

Filed Sept 11, 1926, A F Meyer REGISTRAR

Address Princeton Minn

Given or Christian name added from a supplemental report 19

REGISTRAR

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 5

FULL NAME OF CHILD Dover (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Aug Day 12 Year, 1926

FATHER	MOTHER
FULL NAME Walter J Dover	FULL MAIDEN NAME Edna M Chilstrom
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE W	COLOR OR RACE W
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Minn	BIRTHPLACE Minn
OCCUPATION Laborer	OCCUPATION Housewife

Number of Child of this Mother 1 Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Aug 12 1926, at 12:45 A.M.

(Signature) G R Caley

Dated Sept 11 1926, G R Caley (Attending physician, midwife, father, etc.)

Address Princeton

Filed Sept 11, 1926, A F Meyer REGISTRAR

Address Princeton Minn

Given or Christian name added from a supplemental report 19

REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 6

(No. , St.; Ward)

FULL NAME OF CHILD John Robt Edmondson

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Aug Day 18 Year, 1926

FATHER	MOTHER
FULL NAME Earl Douglas Edmondson	FULL MAIDEN NAME Lulu Henretta Olson
RESIDENCE Buffalo Wyoming	RESIDENCE Buffalo Wyoming
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Minn	BIRTHPLACE Minn
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 4

Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Aug 18, 1926, at 5:30 A.M.

(Signature) G R Baley

Dated Sept 11 1926 G R Baley (Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed Sept 11, 1926 A F Meyer REGISTRAR

REGISTRAR Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 7

(No. , St.; Ward)

FULL NAME OF CHILD Stillborn

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month May Day 31 Year, 1926

FATHER	MOTHER
FULL NAME Erick P. Olson	FULL MAIDEN NAME Gladys M Clemmon
RESIDENCE Brickton Minn	RESIDENCE Brickton Minn
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Neb	BIRTHPLACE Minn
OCCUPATION Laborer	OCCUPATION Housewife

Number of Child of this Mother 1

Number of Children of this Mother now living 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on May 31, 1926, at 4:15 P.M.

(Signature) G R Baley

Dated Sept 11 1926 G R Baley (Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed Sept 11, 1926 A F Meyer REGISTRAR

REGISTRAR Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 8

(No. , St.; Ward)

FULL NAME OF CHILD Baby Gilbarth

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month July Day 27 Year, 1926

FATHER	MOTHER
FULL NAME Lenard Rudolph Gilbarth	FULL MAIDEN NAME Emma M Hoeft
RESIDENCE Princeton Minn	RESIDENCE Princeton Minn
COLOR OR RACE W	COLOR OR RACE W
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Minn	BIRTHPLACE Minn
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 2

Number of Children of this Mother now living 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on July 27, 1926, at 8:30 P.M.

(Signature) G R Baley

Dated Sept 11 1926 G R Baley (Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed Sept 11, 1926 A F Meyer REGISTRAR

REGISTRAR Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 9

(No. , St.; Ward)

FULL NAME OF CHILD Baby Fred Schultz

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
M				yes	Month Aug Day 15 Year, 1926

FATHER	MOTHER
FULL NAME Fred P Schultz	FULL MAIDEN NAME Anna E Oliver
RESIDENCE Princeton Twp	RESIDENCE Princeton Twp
COLOR OR RACE W	COLOR OR RACE W
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Minn
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 2

Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Aug 15, 1926, at 10:38 A.M.

(Signature) E. W. Hall

Dated Aug 15 1926 E W Hall (Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed 1/5, 1927 A F Meyer REGISTRAR

REGISTRAR Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 10

(No. St.; Ward)

FULL NAME OF CHILD Baby William Kirchoff — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
M				yes	Month Oct Day 14 Year, 1926

FATHER
FULL NAME: John Kirchoff
RESIDENCE: Princeton Twp
COLOR OR RACE: W
AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Iowa
OCCUPATION: Farmer
Number of Child of this Mother: 4

MOTHER
FULL MAIDEN NAME: Anna S Krentney
RESIDENCE: Princeton Twp
COLOR OR RACE: W
AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Ill
OCCUPATION: Housewife
Number of Children of this Mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Oct 14 1926, at 5:30 A.M.

(Signature) E. L. Hall
Dated Oct 14 1926 E. L. Hall M.D. (Attending physician, midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report 1/10 1927
A. F. Meyer REGISTRAR
Filed 1/5, 1927 A. F. Meyer REGISTRAR
Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 11

(No. St.; Ward)

FULL NAME OF CHILD Baby Lindstrom — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
M				yes	Month Nov Day 7 Year, 1926

FATHER
FULL NAME: Edwin Lindstrom
RESIDENCE: Mille Lacs Co
COLOR OR RACE: W
AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Ill
OCCUPATION: Farmer
Number of Child of this Mother: 1

MOTHER
FULL MAIDEN NAME: Anna Reiman
RESIDENCE: Mille Lacs
COLOR OR RACE: W
AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Minn
OCCUPATION: Housewife
Number of Children of this Mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Nov 7 1926, at 6:00 A.M.

(Signature) E. L. Hall
Dated Nov 7 1926 E L Hall M.D. (Attending physician, midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report 19
REGISTRAR
Filed 1/5, 1927 A. F. Meyer REGISTRAR
Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 12

(No. St.; Ward)

FULL NAME OF CHILD Bergeron — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
M				yes	Month Oct Day 13 Year, 1926

FATHER
FULL NAME: Harold Edwin Bergeron
RESIDENCE: Princeton Twp
COLOR OR RACE: W
AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Minn
OCCUPATION: Farmer
Number of Child of this Mother: 1

MOTHER
FULL MAIDEN NAME: Ester Marie Podafuss
RESIDENCE: Princeton Minn
COLOR OR RACE: W
AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Minn
OCCUPATION: Housewife
Number of Children of this Mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Oct 13 1926, at 8:30 P.M.

(Signature) G R Caley
Dated Oct 13 1926 G R Caley (Attending physician, midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report 19
REGISTRAR
Filed 1/10 1927 A. F. Meyer REGISTRAR
Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 13

(No. St.; Ward)

FULL NAME OF CHILD Rod — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Dec Day 24 Year, 1926

FATHER
FULL NAME: Chris Rod
RESIDENCE: Princeton Twp
COLOR OR RACE: W
AGE AT LAST BIRTHDAY: 49 (Years)
BIRTHPLACE: Minn
OCCUPATION: Farmer
Number of Child of this Mother: 8

MOTHER
FULL MAIDEN NAME: Carrie F McCoy
RESIDENCE: Princeton Twp
COLOR OR RACE: W
AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Ohio
OCCUPATION: Housewife
Number of Children of this Mother now living: 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Dec 24 1926, at 7:00 A.M.

(Signature) G R Caley
Dated Dec 24 1926 G R Caley (Attending physician, midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report 19
REGISTRAR
Filed 1/10 1927 A. F. Meyer REGISTRAR
Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 1

(No. , St.; Ward)

FULL NAME OF CHILD Baby Neuman

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and Number in order of Birth	Legitimate?	Date of Birth
Male	Twin	1	yes	Month Feb. Day 24 Year, 1927

FATHER		MOTHER	
FULL NAME	Herman Neuman	FULL MAIDEN NAME	Marion Anna Krause
RESIDENCE	Princeton, Minn.	RESIDENCE	Princeton, Minn.
COLOR OR RACE	white	COLOR OR RACE	White
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of Child of this Mother 8 — Number of Children of this Mother now living 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Feb 24, 1927, at 11:35 A.M.

(Signature) G. R. Caley

Dated Feb 24 1927. G R Caley M.D.
(Attending physician, midwife, father, etc.)

Address Princeton Minn.

Given or Christian name added from a supplemental report 19

Filed June 9, 1927. John P Bornhold
REGISTRAR

REGISTRAR

Address Princeton, Mn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 2

(No. , St.; Ward)

FULL NAME OF CHILD Baby Neuman

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and Number in order of Birth	Legitimate?	Date of Birth
Male	Twin	2	Yes	Month Feb. Day 24 Year, 1927

FATHER		MOTHER	
FULL NAME	Herman Neuman	FULL MAIDEN NAME	Marion Anna Krause
RESIDENCE	Princeton, Minn.	RESIDENCE	Princeton, Minn.
COLOR OR RACE	White	COLOR OR RACE	White
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of Child of this Mother 9 — Number of Children of this Mother now living 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Feb 24, 1927, at 11:45 A.M.

(Signature) G. R. Caley

Dated Feb 24 1927. G R Caley
(Attending physician, midwife, father, etc.)

Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

Filed June 9, 1927. John P Bornhold
REGISTRAR

REGISTRAR

Address Princeton, Minn.

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

6518-11-24-43-15M 3

Minnesota

Department of Health

Division of Birth and Death Records and Vital Statistics
469 State Office Building
St. Paul 1

A. J. CHESLEY, M. D.
SECRETARY AND EXECUTIVE OFFICER

GERDA C. PIERSON
DIRECTOR

GLADYS G. CASADY
ASST. DIRECTOR

February 28, 1945

Mr. George Borchard, Registrar
Princeton Township, Mille Lacs Co.
Princeton, Minnesota

My dear Mr. Borchard:

You are hereby authorized to add the given names Leonard Lee Sanford to the record on file in your office for a child born in the family of Lee Erwin Sanford and Esther Ruth Olson Sanford on March 18, 1927 in your Township.

Very truly yours,
Pauline G. Brassard
Pauline G. Brassard
Deputy State Registrar

Given or Christian name added from a supplemental report 19

REGISTRAR

Dated Feb 24 1927. G R Caley
(Attending physician, midwife, father, etc.)

Address Princeton, Minn.

Filed June 9, 1927. John P Bornhold
REGISTRAR

Address Princeton, Minn.

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Given or Christian name added from a supplemental report ____ 19____

REGISTRAR

Dated ____ 19____, ____ (Attending physician, midwife, father, etc.)

Address Princeton, Minn.

Filed June 9, 1927. John P. Bornhold
REGISTRAR

Address Princeton, Minn.

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of ____
or
City of ____ (No. ____, ____ St.; ____ Ward)

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 3

FULL NAME OF CHILD Baby Sanford
(If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other? and Number in order of Birth	Legitimate?	Date of Birth
Male		Yes	Month Mar. Day 18 Year, 1927

FATHER	MOTHER
FULL NAME Lee E. Sanford	FULL MAIDEN NAME Esther R. Olson
RESIDENCE Princeton Minn.	RESIDENCE Princeton, Min
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Princeton Minn.	BIRTHPLACE Minn.
OCCUPATION Rural Mail Carrier	OCCUPATION Housewife

Number of Child of this Mother 1

Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Mar. 18, 1927, at 7 A.M.

(Signature) G. R. Caley

Dated Mar 18 1927. G. R. Caley
(Attending physician, midwife, father, etc.)

Given or Christian name added from a supplemental report ____ 19____

REGISTRAR

Address Princeton, Minn.

Filed June 9, 1927. John P. Bornhold
REGISTRAR

Address Princeton, Minn.

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of ____
or
City of ____ (No. ____, ____ St.; ____ Ward)

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 4

FULL NAME OF CHILD Baby Neuman
(If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other? and Number in order of Birth	Legitimate?	Date of Birth
Female		Yes	Month Apr. Day 22 Year, 1927

FATHER	MOTHER
FULL NAME John Henry Neuman	FULL MAIDEN NAME Vivian Christ Coons
RESIDENCE Princeton, Minn.	RESIDENCE Princeton, Minn.
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 21 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Sioux	BIRTHPLACE Minn.
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 1

Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Apr 22, 1927, at 4:07 A.M.

(Signature) G. R. Caley

Dated Apr 22 1927. G. R. Caley
(Attending physician, midwife, father, etc.)

Given or Christian name added from a supplemental report ____ 19____

REGISTRAR

Address Princeton, Minn.

Filed June 9, 1927. John P. Bornhold
REGISTRAR

Address Princeton, Minn.

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 5

FULL NAME OF CHILD Baby Burnett (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and Number in order of Birth	Legitimate?	Date of Birth
Male			Yes	Month May Day 12 Year, 1927

FATHER	MOTHER
FULL NAME Otto John Burnett	FULL MAIDEN NAME Lydia Loretta Wiedewitsch
RESIDENCE Princeton Minn	RESIDENCE Princeton Minn
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Wis.	BIRTHPLACE Minn
OCCUPATION Laborer	OCCUPATION Housewife

Number of Child of this Mother 3 Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on May 12 1927, at 2:30 P.M.

(Signature) G. R. Caley

Dated May 12 1927, G. R. Caley (Attending physician, midwife, father, etc.)

Address Princeton, Minn

Given or Christian name added from a supplemental report 19

Filed June 9, 1927, John P Bornholdt REGISTRAR

REGISTRAR Address Princeton, Minn

PLACE OF BIRTH
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City of (No. , St.; Ward)

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 6

FULL NAME OF CHILD Vincent Lloyd (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and Number in order of Birth	Legitimate?	Date of Birth
Male	Twin	1	yes	Month Feb Day 28 Year, 1926

FATHER	MOTHER
FULL NAME Ernest A. Raymond	FULL MAIDEN NAME Katherine Breitung
RESIDENCE Princeton, Minn	RESIDENCE Princeton, Minn
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 46 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Little Falls, Minn	BIRTHPLACE Revillo S Dak.
OCCUPATION Farming	OCCUPATION Farming

Number of Child of this Mother 9 Number of Children of this Mother now living 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Feb 28 1926, at 2 A.M.

(Signature) E. S. Hall, M.D.

Dated Feb 28 1926, (Attending physician, midwife, father, etc.)

Address Princeton, Minn

Given or Christian name added from a supplemental report 19

Filed July 5, 1927, John P Bornholdt REGISTRAR

REGISTRAR Address Princeton, Minn

PLACE OF BIRTH
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STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 7

FULL NAME OF CHILD Baby Raymond (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and Number in order of Birth	Legitimate?	Date of Birth
Male	Twin	2nd	yes	Month Feb Day 28 Year, 1926

FATHER	MOTHER
FULL NAME Ernest A. Raymond	FULL MAIDEN NAME Katherine Breitung
RESIDENCE Princeton, Minn.	RESIDENCE Princeton, Minn.
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 46 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Little Falls, Minn	BIRTHPLACE Revillo S Dak.
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 10 Number of Children of this Mother now living 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Feb 28 1926, at 2 A.M.

(Signature) E. S. Hall

Dated Feb 28 1926, M.D. (Attending physician, ~~midwife, father,~~ etc.)

Address Princeton, Minn

Given or Christian name added from a supplemental report 19

Filed July 5, 1927, John P Bornholdt REGISTRAR

REGISTRAR Address Princeton, Minn

PLACE OF BIRTH
County of Mille Lacs
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STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 8

FULL NAME OF CHILD Baby Hammil (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and Number in order of Birth	Legitimate?	Date of Birth
Female			Yes	Month June Day 6 Year, 1927

FATHER	MOTHER
FULL NAME Clifford Earl Hammil	FULL MAIDEN NAME Laura Elizabeth Colfuss
RESIDENCE Princeton	RESIDENCE Princeton, Minn
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 1 Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on June 6 1927, at 9:45 P.M.

(Signature) G. R. Caley M.D.

Dated June 6 1927, (Attending physician, midwife, father, etc.)

Address Princeton, Minn

Given or Christian name added from a supplemental report 19

Filed July 8, 1927, John P Bornholdt REGISTRAR

REGISTRAR Address Princeton, Minn

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PLACE OF BIRTH
County of Mille Lacs
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STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 9

(No. , St.; Ward)

FULL NAME OF CHILD Baby Thompson (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month July Day 1 Year, 1927

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Helmer Thompson	Florence H. Christ
RESIDENCE	Princeton Minn	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	28	26
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Drayman	Housewife

Number of Child of this Mother 2 — Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on July 1st 1927, at 4:20 P.M.

(Signature) G. R. Caley M.D.
Dated July 1 1927, (Attending physician, midwife, father, etc.)
Address Princeton, Minn.
Filed July 8, 1927, John P. Bornholdt REGISTRAR
Address Princeton, Minn

Given or Christian name added from a supplemental report 19 .....
REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
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or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 10

(No. , St.; Ward)

FULL NAME OF CHILD Baby Olson (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month July Day 6 Year, 1927

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Erick P. Olson	Gladys May Clemons
RESIDENCE	Princeton Minn.	Princeton, Minn.
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	35	19
BIRTHPLACE	Nebraska	Minnesota
OCCUPATION	Farmer	Housewife.

Number of Child of this Mother 2 — Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on July 6 1927, at 9:10 P.M.

(Signature) G. R. Caley
Dated July 6 1927, M.D. (Attending physician, midwife, father, etc.)
Address Princeton, Minn.
Filed July 8, 1927, John P. Bornholdt REGISTRAR
Address Princeton, Minn.

Given or Christian name added from a supplemental report 19 .....
REGISTRAR

97

PLACE OF BIRTH
County of Mille Lacs
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STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 11

(No. , St.; Ward)

FULL NAME OF CHILD Arvin Martin Krause (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Aug Day 12 Year, 1927

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arnold H. Krause	Lydia Koppiske
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	47	33
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 3 — Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Aug 12 1927, at ..... M.

(Signature) G. R. Caley
Dated Aug 15 1927, (Attending physician, midwife, father, etc.)
Address Princeton, Minn.
Filed Aug 27, 1927, John P. Bornholdt REGISTRAR
Address Princeton, Minn.

Given or Christian name added from a supplemental report 19 .....
REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
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STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 12

(No. , St.; Ward)

FULL NAME OF CHILD Baby Meyers (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Aug Day 3 Year, 1927

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clark R. Meyers	Audrey V. Morrison
RESIDENCE	Princeton, Minn	Princeton, Minn
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	29	20
BIRTHPLACE	Minnesota	Minn.
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 3 — Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Aug 3 1927, at 2:12 A.M.

(Signature) G. R. Caley
Dated ..... 19 ....., (Attending physician, midwife, father, etc.)
Address Princeton, Minn.
Filed 11/21, 1927, John P. Bornholdt REGISTRAR
Address Princeton, Minn.

Given or Christian name added from a supplemental report 19 .....
REGISTRAR

PLACE OF BIRTH
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City of

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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 13

(No. , St.; Ward)

FULL NAME OF CHILD Baby Gebert

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				Yes	Month Aug Day 11 Year, 1927

	FATHER	MOTHER
FULL NAME	Wm Herman Gebert	FULL MAIDEN NAME Ida M. Koeske
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY	40 (Years)	33 (Years)
BIRTHPLACE	Germany	Minnesota
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 4

Number of Children of this Mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Aug 11 1927, at 1.10 A.M.

(Signature) G. R. Caley

Dated 19 , M. D.
(Attending physician, midwife, father, etc.)

Address Princeton

Given or Christian name added from a supplemental report Harold 1927

John P. Bornholdt
REGISTRAR

Filed 11/21, 1927. John P. Bornholdt
REGISTRAR

Address Princeton, Minn.

PLACE OF BIRTH
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City of

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RECORD OF BIRTH

Registered No. 14

(No. , St.; Ward)

FULL NAME OF CHILD Baby Kitzman

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Nov. Day 27 Year, 1927

	FATHER	MOTHER
FULL NAME	Walter Frederick Kitzman	FULL MAIDEN NAME Elsie Helen Rathke
RESIDENCE	Princeton Minn.	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY	36 (Years)	31 (Years)
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 5

Number of Children of this Mother now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Nov 27 1927, at 5.50 A.M.

(Signature) G. R. Caley

Dated Nov 27 1927, M. D.
(Attending physician, ~~midwife, father, etc.~~)

Address Princeton

Given or Christian name added from a supplemental report 19

Filed 1/9, 1928. John P. Bornholdt
REGISTRAR

Address Princeton, Minn.

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Village of
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STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 1

(No. , St.; Ward)

FULL NAME OF CHILD Baby Schultz

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month June Day 11 Year, 1928

	FATHER	MOTHER
FULL NAME	Fred W. Schultz	FULL MAIDEN NAME Anna E. Oliver
RESIDENCE	Princeton, Rt 4	Princeton Rt 4
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY	35 (Years)	26 (Years)
BIRTHPLACE	Iowa	Minn.
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 4

Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on June 11 1928, at 8:00 P.M.

(Signature) E. L. Wall

Dated 6/11 1928, M. D.
(Attending physician, midwife, father, etc.)

Address Princeton, Minn.

June Rose

Given or Christian name added from a supplemental report May 18 1979

John P. Bornholdt
REGISTRAR

Filed 6/12, 1928, John P. Bornholdt
REGISTRAR

Address Princeton, Minn.

REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 2

(No. , St.; Ward)

FULL NAME OF CHILD Baby Jensen

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Jan Day 19 Year, 1928

	FATHER	MOTHER
FULL NAME	Walter Powers Jensen	FULL MAIDEN NAME Stella G Bockoven
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY	37 (Years)	33 (Years)
BIRTHPLACE	Nebraska	Minnesota
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 3

Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Jan 19 1928, at 8:00 A.M.

(Signature) G. R. Caley M.D

Dated 1/19 1928, M.D.
(Attending physician, midwife, father, etc.)

Address Princeton

Given or Christian name added from a supplemental report 19

Filed 1/19/28, 1928, John P. Bornholdt
REGISTRAR

Address Princeton

REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
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or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 3

(No. , St.; Ward)

FULL NAME OF CHILD Baby Bergeron

(If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month March Day 6 Year, 1928

FATHER	MOTHER
FULL NAME Harold E. Bergeron	FULL MAIDEN NAME Esther Marie Polsfuss
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Minn.	BIRTHPLACE Minn.
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 2

Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on March 6, 1928, at 8:50 A.M.

(Signature) G. R. Caley

Dated Mar. 6 1928, Md
(Attending physician, midwife, father, etc.)

Address Princeton

Filed 8/9, 1928, John P. Bornhoeft REGISTRAR

Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
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Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 4

(No. , St.; Ward)

FULL NAME OF CHILD Baby Jensen

(If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				Yes	Month May Day 1 Year, 1928

FATHER	MOTHER
FULL NAME Guy Martin Jensen	FULL MAIDEN NAME Hattie Mathilda Rieman
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Minn.	BIRTHPLACE Minn.
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 2

Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on May 1, 1928, at 7:35 P.M.

(Signature) G. R. Caley

Dated May 1 1928, Md
(Attending physician, midwife, father, etc.)

Address Princeton

Filed 8/7, 1928, John P. Bornhoeft REGISTRAR

Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 5

(No. , St.; Ward)

FULL NAME OF CHILD Baby Hammill

(If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month July Day 15 Year, 1928

FATHER	MOTHER
FULL NAME Clifford Earl Hammill	FULL MAIDEN NAME Laura Elizabeth Polsfuss
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Minn.	BIRTHPLACE Minn.
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 2

Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on July 15, 1928, at 11:45 A.M.

(Signature) G. R. Caley

Dated July 15 1928, Md
(Attending physician, midwife, father, etc.)

Address Princeton

Filed 8/9, 1928, John P. Bornhoeft REGISTRAR

Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
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STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 6

(No. , St.; Ward)

FULL NAME OF CHILD Baby Riebe

(If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Aug Day 29 Year, 1928

FATHER	MOTHER
FULL NAME Geo. C. Riebe	FULL MAIDEN NAME Meta C Wolff
RESIDENCE Princeton, Minn.	RESIDENCE Princeton, Minn
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Minn.	BIRTHPLACE Minn.
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother #4

Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Aug 29, 1928, at 11:20 P.M.

(Signature) G. R. Caley M.D.

Dated 8/30 1928,
(Attending physician, midwife, father, etc.)

Address Princeton, Minn.

Filed 1/5, 1929 John P. Bornhoeft REGISTRAR

Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 7

(No. , St.; Ward)

FULL NAME OF CHILD Baby Koch

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Dec. Day 21 Year, 1928

FATHER
FULL NAME Thomas J. Koch
RESIDENCE Long Siding, Minn
COLOR OR RACE White
AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Minnesota
OCCUPATION Trucking

MOTHER
FULL MAIDEN NAME Katherine Quinn
RESIDENCE Long Siding, Minn.
COLOR OR RACE White
AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Iowa
OCCUPATION Housewife

Number of Child of this Mother 5
Number of Children of this Mother now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Dec. 21, 1928, at 7:30 P.M.

(Signature) G. R. Caley M.D.
Dated 12/27 1928.
(Attending physician, midwife, father, etc.)
Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

Filed 1/5, 1929. John P. Bornhoft REGISTRAR
REGISTRAR
Address Princeton, Minn.

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
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or
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STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 8

(No. , St.; Ward)

FULL NAME OF CHILD Baby Ziemann

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Dec. Day 31 Year, 1928

FATHER
FULL NAME Theo. O. Ziemann
RESIDENCE Princeton, Minn.
COLOR OR RACE White
AGE AT LAST BIRTHDAY 57 (Years)
BIRTHPLACE Iowa
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Esther Lydia Beideman
RESIDENCE Princeton, Minn.
COLOR OR RACE White
AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Wisconsin
OCCUPATION Housewife

Number of Child of this Mother 3
Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Dec. 31, 1928, at 11:30 P.M.

(Signature) G. R. Caley M.D.
Dated 1/4 1929.
(Attending physician, midwife, father, etc.)
Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

Filed 1/5, 1929. John P. Bornhoft REGISTRAR
REGISTRAR
Address Princeton, Minn.

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 1

(No. , St.; Ward)

FULL NAME OF CHILD Baby Ray Patten

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Apr. Day 6 Year, 1929

FATHER
FULL NAME Ray Patten
RESIDENCE Princeton, Minn Rt 6.
COLOR OR RACE White
AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Anoka, Minn.
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Freda C. Colefass
RESIDENCE Princeton, Rt 6.
COLOR OR RACE White
AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE Mille Lacs Co, Minn.
OCCUPATION Housewife

Number of Child of this Mother 1
Number of Children of this Mother now living 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Apr. 6, 1929, at 11:45 P.M.

(Signature) E. S. Hall M.D.
Dated Apr. 6 1929
(Attending physician, midwife, father, etc.)
Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

Filed 4/9, 1929. John P. Bornhoft REGISTRAR
REGISTRAR
Address Princeton, Minn.

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
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or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 2

(No. , St.; Ward)

FULL NAME OF CHILD Baby Stanley

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Mar. Day 17 Year, 1929

FATHER
FULL NAME Everett Stanley
RESIDENCE Princeton, Minn.
COLOR OR RACE White
AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Princeton, Minn.
OCCUPATION Laborer

MOTHER
FULL MAIDEN NAME Ella Wiedenfeld
RESIDENCE Princeton, Minn.
COLOR OR RACE White
AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Bogus Brook Twp. Minn.
OCCUPATION Housewife

Number of Child of this Mother 8
Number of Children of this Mother now living 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Mar. 17, 1929, at 7 P.M.

(Signature) E. S. Hall M.D.
Dated 4/17 1929.
(Attending physician, midwife, father, etc.)
Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

Filed 4/25, 1929. John P. Bornhoft REGISTRAR
REGISTRAR
Address Princeton, Minn.

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 3

(No. , St.; Ward)

FULL NAME OF CHILD Baby Bergeron

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Apr. Day 16 Year, 1929

FATHER	MOTHER
FULL NAME Harold Bergeron	FULL MAIDEN NAME Esther Rolofsus
RESIDENCE Princeton.	RESIDENCE Princeton.
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Mille Lacs Co. Minn.	BIRTHPLACE Mille Lacs Co. Minn.
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 3

Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Apr. 16 1929, at 9:15 A.M.

(Signature) E. L. Hall

Dated 4/16 1929. M D.
(Attending physician, midwife, father, etc.)

Address Princeton

Given or Christian name added from a supplemental report 19

Filed 4/25, 1929. John P. Bouboldt
REGISTRAR

REGISTRAR

Address Princeton, Minn.

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RECORD OF BIRTH

Registered No. 4

(No. , St.; Ward)

FULL NAME OF CHILD Baby Sanford

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Apr. Day 18 Year, 1929

FATHER	MOTHER
FULL NAME Gordon Sanford	FULL MAIDEN NAME Elsie Aurelia Nystedt
RESIDENCE Princeton, Minn.	RESIDENCE Princeton, Minn.
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Minn.	BIRTHPLACE Nebraska
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 3

Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Apr. 18 1929, at 6 P.M.

(Signature) G. R. Caley

Dated Apr. 18 1929. M D.
(Attending physician, midwife, father, etc.)

Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

Filed May 10, 1929. John P. Bouboldt
REGISTRAR

REGISTRAR

Address Princeton, Minn.

PLACE OF BIRTH
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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 5

(No. , St.; Ward)

FULL NAME OF CHILD Baby Villnow

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Aug. Day 6 Year, 1929

FATHER	MOTHER
FULL NAME Arthur Villnow	FULL MAIDEN NAME Anna Sobey
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 1

Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Aug. 6 1929, at 11:30 A.M.

(Signature) G. R. Caley

Dated Aug 6 1929. M. D.
(Attending physician, midwife, father, etc.)

Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

Filed Dec. 10, 1929. John P. Bouboldt
REGISTRAR

REGISTRAR

Address Princeton, Minn.

PLACE OF BIRTH
County of Mille Lacs
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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 1

(No. , St.; Ward)

FULL NAME OF CHILD Baby Patten

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Mar. Day 10 Year, 1930

FATHER	MOTHER
FULL NAME Roy A. Patten	FULL MAIDEN NAME Freda Bolofuss
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 2

Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Mar. 10 1930, at 7:45 P.M.

(Signature) E. L. Hall

Dated Mar. 10 1930. M.d.
(Attending physician, midwife, father, etc.)

Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

Filed Apr. 7, 1930. John P. Bouboldt
REGISTRAR

REGISTRAR

Address Princeton, Minn.

PLACE OF BIRTH
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Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 7

(No. , St.; Ward)

FULL NAME OF CHILD Bernice Victoria Riebe — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other? and Number in order of Birth	Legitimate?	Date of Birth
Female		yes	Month July Day 18 Year, 1930

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo. C. Riebe	Meta E. Hoeft
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY	34 (Years)	31 (Years)
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 5 — Number of Children of this Mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on July 18, 1930, at 5.40 A.M.

(Signature) Geo. C Riebe
Dated 7/19, 1930, Father (Attending physician, midwife, father, etc.)
Address Princeton
Filed 7/19, 1930, John P. Bornhoeft REGISTRAR
Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

REGISTRAR

PLACE OF BIRTH
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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 3

(No. , St.; Ward)

FULL NAME OF CHILD Baby Dehn — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other? and Number in order of Birth	Legitimate?	Date of Birth
Male		Yes	Month May Day 15 Year, 1930

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Richard O Dehn	Susie Deml
RESIDENCE	Princeton, Twp.	Princeton Twp.
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY	35 (Years)	32 (Years)
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Auto Mechanic	Housewife

Number of Child of this Mother 6 — Number of Children of this Mother now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on May 15, 1930, at 6.13 A.M.

(Signature) E. L. Hall
Dated 5/15, 1930, M.D. (Attending physician, midwife, father, etc.)
Address Princeton, Minn.
Filed 8/8, 1930, John P. Bornhoeft REGISTRAR
Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

REGISTRAR

PLACE OF BIRTH
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RECORD OF BIRTH

Registered No. 4

(No. , St.; Ward)

FULL NAME OF CHILD Baby Danger — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other? and Number in order of Birth	Legitimate?	Date of Birth
Female		yes	Month Sept Day 22 Year, 1930

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ray Danger	Emma Benning
RESIDENCE	Long Siding Minn.	Long Siding
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY	27 (Years)	20 (Years)
BIRTHPLACE	Minn.	Minnesota
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 2 — Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Sept 22, 1930, at 4.45 P.M.

(Signature) E. L. Hall
Dated 9/22, 1930, M.D. (Attending physician, midwife, father, etc.)
Address Princeton, Minn.
Filed 10/10, 1930, John P. Bornhoeft REGISTRAR
Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

REGISTRAR

PLACE OF BIRTH
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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 5

(No. , St.; Ward)

FULL NAME OF CHILD Evelyn Mary Bergeron — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other? and Number in order of Birth	Legitimate?	Date of Birth
Female		yes	Month Sept Day 20 Year, 1930

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harold Edwin Bergeron	Esther Dahlgren
RESIDENCE	Princeton	Princeton, Minn
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY	24 (Years)	23 (Years)
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 4 — Number of Children of this Mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Sept 20, 1930, at M.

(Signature) Mrs H Olson
Dated 9/20, 1930, Midwife (Attending physician, midwife, father, etc.)
Address Princeton, Minn.
Filed 10/7, 1930, John P Bornhoeft REGISTRAR
Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

REGISTRAR

PLACE OF BIRTH
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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 6

FULL NAME OF CHILD Baby Edmonds (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				Yes	Month Jan Day 18 Year, 1930

FATHER	MOTHER
FULL NAME: Earl Douglas Edmonds	FULL MAIDEN NAME: Lulu Kennett
RESIDENCE: Princeton Minn.	RESIDENCE: Princeton, Minn.
COLOR OR RACE: White	COLOR OR RACE: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Minn.	BIRTHPLACE: Minn.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of Child of this Mother 5 — Number of Children of this Mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Jan 18, 1930, at 12 40 M.

(Signature) G. R. Caley
Dated 10/24 1930, M D (Attending physician, midwife, father, etc.)
Address Princeton Minn.

Given or Christian name added from a supplemental report 19

Filed 10/24, 1930, John P. Bornhold REGISTRAR
Address Princeton, Minn.

REGISTRAR

PLACE OF BIRTH
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STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 7

FULL NAME OF CHILD Baby Gerth (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Jan Day 18 Year, 1930

FATHER	MOTHER
FULL NAME: Anton G. Gerth	FULL MAIDEN NAME: Martha M. Milbrandt
RESIDENCE: Princeton, Minn	RESIDENCE: Princeton Minn
COLOR OR RACE: White	COLOR OR RACE: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Minn	BIRTHPLACE: Minn.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of Child of this Mother 4 — Number of Children of this Mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Jan 18, 1930, at 11 AM.

(Signature) G. R. Caley
Dated 10/24 1930, M D (Attending physician, midwife, father, etc.)
Address Princeton Minn.

Given or Christian name added from a supplemental report 19

Filed 10/24, 1930, John P. Bornhold REGISTRAR
Address Princeton, Minn

REGISTRAR

PLACE OF BIRTH
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or
Village of
or
City of (No. , St.; Ward)

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 8

FULL NAME OF CHILD Baby Grapsentine (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Jan Day 24 Year, 1930

FATHER	MOTHER
FULL NAME: August Henry Grapsentine	FULL MAIDEN NAME: Eva Mildred Steves
RESIDENCE: Princeton, Minn.	RESIDENCE: Princeton Minn.
COLOR OR RACE: White	COLOR OR RACE: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Minn	BIRTHPLACE: Minn.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of Child of this Mother 2 — Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Jan 24, 1930, at 4 PM.

(Signature) G. R. Caley
Dated 10/24 1930, M D (Attending physician, midwife, father, etc.)
Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

Filed 10/24, 1930, John P. Bornhold REGISTRAR
Address Princeton, Minn

REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
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Village of
or
City of (No. , St.; Ward)

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 9

FULL NAME OF CHILD Baby Fiero (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				Yes	Month Feb Day 15 Year, 1930

FATHER	MOTHER
FULL NAME: Basil P. Fiero	FULL MAIDEN NAME: Flossie D. Ellenbaum
RESIDENCE: Princeton, Minn	RESIDENCE: Princeton, Minn
COLOR OR RACE: White	COLOR OR RACE: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Minn.	BIRTHPLACE: Montana
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of Child of this Mother 2 — Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Feb 15, 1930, at 7 35 AM.

(Signature) G. R. Caley
Dated 10/24 1930, M D (Attending physician, midwife, father, etc.)
Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

Filed 10/24, 1930, John P. Bornhold REGISTRAR
Address Princeton, Minn

REGISTRAR

PLACE OF BIRTH
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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 10

(No. , St.; Ward)

FULL NAME OF CHILD Baby Andall

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month April Day 21 Year, 1930

FATHER	MOTHER
FULL NAME: Herman S. Andall	FULL MAIDEN NAME: Lucile M. Walberg
RESIDENCE: Princeton, Minn.	RESIDENCE: Princeton, Minn.
COLOR OR RACE: White	COLOR OR RACE: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Minn.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of Child of this Mother: 3

Number of Children of this Mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on April 21, 1930, at 7 A.M.

(Signature) G. R. Caley

Dated 10/24 1930, M. D.
(Attending physician, midwife, father, etc.)

Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

Filed 10/24, 1930, John P. Boomhower
REGISTRAR

REGISTRAR

Address Princeton, Minn.

PLACE OF BIRTH
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RECORD OF BIRTH

Registered No. 11

(No. , St.; Ward)

FULL NAME OF CHILD Baby Robideau

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month June Day 24 Year, 1930

FATHER	MOTHER
FULL NAME: Neil C Robideau	FULL MAIDEN NAME: Doris Marie Bergeron
RESIDENCE: Princeton, Minn.	RESIDENCE: Princeton, Minn.
COLOR OR RACE: White	COLOR OR RACE: White
AGE AT LAST BIRTHDAY: 20 (Years)	AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Minn.	BIRTHPLACE: Minn.
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of Child of this Mother: 1

Number of Children of this Mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on June 24, 1930, at 4:30 P.M.

(Signature) G. R. Caley

Dated 10/24 1930, M. D.
(Attending physician, midwife, father, etc.)

Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

Filed 10/24, 1930, John P. Boomhower
REGISTRAR

REGISTRAR

Address Princeton

PLACE OF BIRTH
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Village of
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City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 12

(No. , St.; Ward)

FULL NAME OF CHILD Baby Fredrick

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Sept Day 25 Year, 1930

FATHER	MOTHER
FULL NAME: Leo E. Fredrick	FULL MAIDEN NAME: Elsie N. Wilhelm
RESIDENCE: Detroit Lakes, Minn.	RESIDENCE: Detroit Lakes, Minn.
COLOR OR RACE: White	COLOR OR RACE: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Wisconsin	BIRTHPLACE: Minn.
OCCUPATION: Prop. Smack counters	OCCUPATION: Housewife

Number of Child of this Mother: 1

Number of Children of this Mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Sept 25, 1930, at 3:45 A.M.

(Signature) G. R. Caley

Herbert Gerald

Given or Christian name added from a supplemental report 19

Dated 10/24 1930, M. D.
(Attending physician, midwife, father, etc.)

Address Princeton, Minn.

Filed 10/24, 1930, John P. Boomhower
REGISTRAR

REGISTRAR

Address Princeton, Minn.

PLACE OF BIRTH
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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 13

(No. , St.; Ward)

FULL NAME OF CHILD Baby Polsfuss

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Dec Day 29 Year, 1930

FATHER	MOTHER
FULL NAME: Arthur E. Polsfuss	FULL MAIDEN NAME: Laura E. Hamilton
RESIDENCE: Princeton	RESIDENCE: Princeton, Minn.
COLOR OR RACE: White	COLOR OR RACE: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Princeton Minnesota	BIRTHPLACE: Minnesota
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of Child of this Mother: 2

Number of Children of this Mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Dec 29, 1930, at 10:20 P.M.

(Signature) G. R. Caley

Dated 1/3 1930, M.D.
(Attending physician, midwife, father, etc.)

Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

Filed 1/3, 1931, John P. Boomhower
REGISTRAR

REGISTRAR

Address Princeton, Minn.

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RECORD OF BIRTH

Registered No. 14

(No. , St.; Ward)

FULL NAME OF CHILD Baby Berry (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Dec. Day 30 Year, 1930

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Loomis S. Berry	Mildred Clara Abegg
RESIDENCE	Princeton, Minn	Princeton, Minn.
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	24	23
BIRTHPLACE	Minnesota	Illinois
OCCUPATION	Truck Driver	Housewife

Number of Child of this Mother 2 Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on 12/30 1930, at ~~11~~ 15 A.M.

(Signature) G. R. Caley

Dated 12/30 1930. Md. (Attending physician, midwife, father, etc.)

Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

Filed 1/3, 1931. John P. Bornholdt REGISTRAR

REGISTRAR Address Princeton, Minn.

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RECORD OF BIRTH

Registered No. ~~15~~ 1

(No. , St.; Ward)

FULL NAME OF CHILD Baby Kornman (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Nov. Day 10 Year, 1930

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo. P. Kornman	Audrey Davenport
RESIDENCE	Princeton Twp	Princeton twp.
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	24	24
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 2 Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Nov. 10 1930, at ~~4~~ 5 P.M.

(Signature) E. L. Hall

Dated Nov. 10 1930. M.D. (Attending physician, midwife, father, etc.)

Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

Filed Jan. 23, 1931. John P. Bornholdt REGISTRAR

REGISTRAR Address Princeton, Minn.

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RECORD OF BIRTH

Registered No. 2

(No. , St.; Ward)

FULL NAME OF CHILD Baby Blair (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Dec. Day 4 Year, 1930

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Leo R. Blair	Mary Skrentny
RESIDENCE	Princeton, Minn.	Princeton, Minn.
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	34	37
BIRTHPLACE	Sherburne Co. Minn.	Illinois
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 1 Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Dec. 4 1930, at ~~12~~ 10 A.M.

(Signature) E. L. Hall

Dated Dec. 4 1930. M.D. (Attending physician, midwife, father, etc.)

Address Princeton, Minn.

Given or Christian name added from a supplemental report Elaine 1930

JPB REGISTRAR

Filed 1/23, 1931. John P. Bornholdt REGISTRAR

Address Princeton, Minn.

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 3

(No. , St.; Ward)

FULL NAME OF CHILD Baby Patten (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Jan. Day 7 Year, 1931

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Gilbert Patten	Stella Rolfsnes
RESIDENCE	Sauk Center, Minn	Sauk Center, Minn
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	33	20
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Stone Cutter	Housewife

Number of Child of this Mother 1 Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Jan 7 1931, at 11 P.M.

(Signature) E. L. Hall

Dated 1/7 1931. M.D. (Attending physician, midwife, father, etc.)

Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

Filed 1/23, 1931. John P. Bornholdt REGISTRAR

REGISTRAR Address Princeton, Minn.

PLACE OF BIRTH
County of Mille Lacs
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or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 4

(No. , St.; Ward)

FULL NAME OF CHILD Donald Rodney Bergeron (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month May Day 19 Year, 1917

FATHER	MOTHER
FULL NAME Adolph B. Bergeron	FULL MAIDEN NAME Edna Augusta Snow
RESIDENCE Brockton, Minn.	RESIDENCE Brockton, Minn.
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 20 (Years)	AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE Anoka, Minn.	BIRTHPLACE Indiana
OCCUPATION Brickmaker	OCCUPATION Housewife

Number of Child of this Mother 1
Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on May 19, 1917, at 3:00 A.M.

(Signature) Adolph B. Bergeron
Dated Apr. 18 1931, Father
(Attending physician, midwife, father, etc.)
Address 813 W Maven Ave. Flint, Mich.

Given or Christian name added from a supplemental report 19
REGISTRAR

Filed 5/4, 1931, John P. Bornhoft REGISTRAR
Address Princeton, Minn.

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
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Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 5

(No. , St.; Ward)

FULL NAME OF CHILD Baby Ziebarth (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Feb. Day 2 Year, 1931

FATHER	MOTHER
FULL NAME Leonard Ziebarth	FULL MAIDEN NAME Emma Hoeft
RESIDENCE Princeton Twp.	RESIDENCE Princeton Twp.
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 4
Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Feb 2 1931, at 1:00 A.M.

(Signature) E. L. Hall
Dated 2/2 1931, M. D.
(Attending physician, midwife, father, etc.)
Address Princeton, Minn.

Given or Christian name added from a supplemental report 19
REGISTRAR

Filed 5/4, 1931, John P. Bornhoft REGISTRAR
Address Princeton, Minn.

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
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or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 6

(No. , St.; Ward)

FULL NAME OF CHILD Baby Patten (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month May Day 28 Year, 1931

FATHER	MOTHER
FULL NAME Roy A Patten	FULL MAIDEN NAME Hoda Polsfuss
RESIDENCE Princeton, Minn.	RESIDENCE Princeton, Minn.
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 3
Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on May 28 1931, at 7:45 P.M.

(Signature) E. L. Hall M.D.
Dated 5/28 1931,
(Attending physician, ~~midwife, father, etc.~~)
Address Princeton, Minn.

Given or Christian name added from a supplemental report 19
REGISTRAR

Filed 8/17, 1931, John P. Bornhoft REGISTRAR
Address Princeton, Minn.

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 7

(No. , St.; Ward)

FULL NAME OF CHILD Baby Wesloh (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male	—		—	yes	Month June Day 17 Year, 1931

FATHER	MOTHER
FULL NAME Edwin J. Wesloh	FULL MAIDEN NAME Evelyn Enemark
RESIDENCE Princeton, Minn.	RESIDENCE Princeton, Minn.
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 2
Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on June 17 1931, at 11:20 P.M.

(Signature) E. L. Hall
Dated 6/17 1931, Md
(Attending physician, midwife, father, etc.)
Address Princeton, Minn.

Given or Christian name added from a supplemental report 19
REGISTRAR

Filed 8/17, 1931, John P. Bornhoft REGISTRAR
Address Princeton, Minn.

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 8

(No. , St.; Ward)

FULL NAME OF CHILD Baby Dowee

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female	—		—	yes	Month July Day 26 Year, 1931

FATHER	MOTHER
FULL NAME Walter J. Dowee	FULL MAIDEN NAME Edna Chelstrom
RESIDENCE Minneapolis, Minn.	RESIDENCE Minneapolis, Minn.
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Isanti Co. Minnesota
OCCUPATION Factory Laborer	OCCUPATION Housewife
Number of Child of this Mother 3	Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on July 26 1931, at 4 40 A.M.

(Signature) E. L. Hall

Dated 7/26 1931, Md. (Attending physician, midwife, father, etc.)

Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

Filed 8/12, 1931, John P. Bornholdt REGISTRAR

REGISTRAR

Address Princeton, Minn.

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 9

(No. , St.; Ward)

FULL NAME OF CHILD Clement Edwin Sanford

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month May Day 25 Year, 1907

FATHER	MOTHER
FULL NAME William Vinson Sanford	FULL MAIDEN NAME Myrtilla Ann Northway
RESIDENCE Milaca, Minn	RESIDENCE Milaca, Minn.
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 35 yrs. (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Town of Princeton Minnesota	BIRTHPLACE Town of Mille Minnesota
OCCUPATION Book keeper	OCCUPATION Housewife
Number of Child of this Mother 2	Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on May 25 1907, at X M.

(Signature) William Vinson Sanford

Dated 11/23 1931, Father (Attending physician, midwife, father, etc.)

Address Milaca, Minn.

Given or Christian name added from a supplemental report 19

Filed 11/25, 1931, John P. Bornholdt REGISTRAR

REGISTRAR

Address Princeton, Minn.

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 10

(No. , St.; Ward)

FULL NAME OF CHILD Roe Elmore Sanford

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Oct. Day 13 Year, 1903

FATHER	MOTHER
FULL NAME William Vinson Sanford	FULL MAIDEN NAME Myrtilla Ann Northway
RESIDENCE Milaca, Minn.	RESIDENCE Milaca
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Town of Princeton Minnesota	BIRTHPLACE Town of Mille Minnesota
OCCUPATION Bookkeeper	OCCUPATION Housewife
Number of Child of this Mother 3	Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Oct 13 1903, at M.

(Signature) William Vinson Sanford

Dated 11/23 1931, Father (Attending physician, midwife, father, etc.)

Address Milaca, Minn.

Given or Christian name added from a supplemental report 19

Filed 11/25, 1931, John P. Bornholdt REGISTRAR

REGISTRAR

Address Princeton, Minn.

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 11

(No. , St.; Ward)

FULL NAME OF CHILD Wilford Alton Sanford

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Sept Day 21 Year, 1905

FATHER	MOTHER
FULL NAME William Vinson Sanford	FULL MAIDEN NAME Myrtilla Ann Northway
RESIDENCE Milaca	RESIDENCE Milaca
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Town of Princeton Minnesota	BIRTHPLACE Town of Mille Minnesota
OCCUPATION Bookkeeper	OCCUPATION Housewife
Number of Child of this Mother 4	Number of Children of this Mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Sept 21 1905, at M.

(Signature) William Vinson Sanford

Dated 11/23 1931, Father (Attending physician, midwife, father, etc.)

Address Milaca, Minn.

Given or Christian name added from a supplemental report 19

Filed 11/25, 1931, John P. Bornholdt REGISTRAR

REGISTRAR

Address Princeton, Minn.

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 12

FULL NAME OF CHILD Hollis Eldred Sanford (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				Yes	Month Sept. Day 23 Year, 1931

FATHER	MOTHER
FULL NAME: William Vinson Sanford	FULL MAIDEN NAME: Myrtilla Ann Northway
RESIDENCE: Milaca, Minn.	RESIDENCE: Milaca, Minn.
COLOR OR RACE: White	COLOR OR RACE: White
AGE AT LAST BIRTHDAY: 42 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Town of Princeton Minnesota	BIRTHPLACE: Town of Milo Minnesota
OCCUPATION: Mille Lacs County Judge of Probate	OCCUPATION: Housewife

Number of Child of this Mother 5 — Number of Children of this Mother now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Sept 23 1931, at M.

(Signature) William Vinson Sanford
Dated 11/23 1931, Father (Attending physician, midwife, father, etc.)
Address Milaca, Minn.
Filed 11/25, 1931, John P. Bornhoft REGISTRAR
Address Princeton, Minn.

Given or Christian name added from a supplemental report 19
REGISTRAR

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 13

FULL NAME OF CHILD Lyle William Sanford (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Oct. Day 31 Year, 1913

FATHER	MOTHER
FULL NAME: William Vinson Sanford	FULL MAIDEN NAME: Mystella Ann Northway
RESIDENCE: Milaca, Minn.	RESIDENCE: Milaca, Minn.
COLOR OR RACE: White	COLOR OR RACE: White
AGE AT LAST BIRTHDAY: 46 (Years)	AGE AT LAST BIRTHDAY: 41 (Years)
BIRTHPLACE: Town of Princeton Minnesota	BIRTHPLACE: Town of Milo Minnesota
OCCUPATION: Mille Lacs County Judge of Probate	OCCUPATION: Housewife

Number of Child of this Mother 8 — Number of Children of this Mother now living 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Oct 31 1913, at M.

(Signature) William Vinson Sanford
Dated 11/23 1931, Father (Attending physician, midwife, father, etc.)
Address Milaca, Minn.
Filed 11/25, 1931, John P. Bornhoft REGISTRAR
Address Princeton, Minn.

Given or Christian name added from a supplemental report 19
REGISTRAR

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 1

FULL NAME OF CHILD Lorraine Mary Blair (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Mar. Day 19 Year, 1932

FATHER	MOTHER
FULL NAME: Leo Rudolph Blair	FULL MAIDEN NAME: Mary Veronica Sweeney
RESIDENCE: Princeton, Minn.	RESIDENCE: Princeton, Minn.
COLOR OR RACE: White	COLOR OR RACE: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Minnesota	BIRTHPLACE: Lemont, Ill.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of Child of this Mother 3 — Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on March 19 1932, at 3 57 A.M.

(Signature) Elmer F. Hansen
Dated 3/24 1932, (Attending physician, ~~midwife, father, etc.~~)
Address Princeton, Minn.
Filed 3/25, 1932, John P. Bornhoft REGISTRAR
Address Princeton, Minn.

Given or Christian name added from a supplemental report 19
REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
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City of (No. , St.; Ward)

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 2

FULL NAME OF CHILD Lowell Emick Anderson (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
male				yes	Month Apr. Day 13 Year, 1932

FATHER	MOTHER
FULL NAME: Clarence Adolph Anderson	FULL MAIDEN NAME: Evelyn Rosalie Carlson
RESIDENCE: Princeton	RESIDENCE: Princeton
COLOR OR RACE: White	COLOR OR RACE: white
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Maple Ridge Twp. Minn.	BIRTHPLACE: Isanti Minn.
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of Child of this Mother 1 — Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Apr. 13 1932, at 9 55 M.

(Signature) Elmer F. Hansen
Dated 4/21 1932, (Attending physician, ~~midwife, father, etc.~~)
Address Princeton, Minn.
Filed 4/22, 1932, John P. Bornhoft REGISTRAR
Address Princeton, Minn.

Given or Christian name added from a supplemental report 19
REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 3

(No. , St.; Ward)

FULL NAME OF CHILD Harvey Gene Hoeft — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
male				yes	Month Apr. Day 14 Year, 1932

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Herman Louis Hoeft	Sofia Harriet Hertel
RESIDENCE	Princeton, Minn.	Princeton, Minn.
COLOR OR RACE	White	white
AGE AT LAST BIRTHDAY (Years)	25	22
BIRTHPLACE	Princeton Twp. Minn.	Howard S. Dak.
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 1 — Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Apr. 14 1932, at 11:00 A.M.

(Signature) Elmer H. Hansen

Dated 4/22 1932, (Attending physician, ~~midwife, father, etc.~~)

Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

Filed 4/23, 1932, John P. Bornhöldt REGISTRAR

REGISTRAR Address Princeton, Minn.

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 4

(No. , St.; Ward)

FULL NAME OF CHILD Gerald Conrad Shaw — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
male				yes	Month Apr. Day 16 Year, 1932

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albertus Eugene Shaw	Myrtle Josephine Hansen
RESIDENCE	Princeton, Minn.	Princeton, Minn.
COLOR OR RACE	white	white
AGE AT LAST BIRTHDAY (Years)	23	21
BIRTHPLACE	Greenbush twp. Minn.	Minneapolis, Minn.
OCCUPATION	Laborer	Housewife

Number of Child of this Mother 2 — Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Apr. 16 1932, at 5:00 P.M.

(Signature) Elmer H. Hansen

Dated 4/25 1932, (Attending physician, ~~midwife, father, etc.~~)

Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

Filed 4/26, 1932 John P. Bornhöldt REGISTRAR

REGISTRAR Address Princeton, Minn.

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
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Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 5

(No. , St.; Ward)

FULL NAME OF CHILD Baby ~~Weidenaar~~ Weidenaar — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Oct Day 2 Year, 1932

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jerry Weidenaar	Sophie Christina Bakker
RESIDENCE	Princeton, Minn	Princeton Minn
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	46 yrs	40
BIRTHPLACE	New Vera, Michigan	Utrecht, Holland
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 5 — Number of Children of this Mother now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Oct 2nd 1932, at 8 A.M.

(Signature) Elmer H. Hansen

Dated 10/8 1932, (Attending physician, ~~midwife, father, etc.~~)

Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

Filed 10/11, 1932, John P. Bornhöldt REGISTRAR

REGISTRAR Address Princeton, Minn.

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 6

(No. , St.; Ward)

FULL NAME OF CHILD Baby Olson — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month July Day 7 Year, 1932

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Bennie V Olson	Lillian M Katch
RESIDENCE	Princeton, Minn.	Princeton, Minn
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	41	35
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Farmer	Housewife

Number of Child of this Mother — Number of Children of this Mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on July 7 1932, at 2:20 P.M.

(Signature) J. P. Cady

Dated 7-7 1932, (Attending physician, ~~midwife, father, etc.~~)

Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

Filed 10-25, 1932, John P. Bornhöldt REGISTRAR

REGISTRAR Address Princeton, Minn.

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 7

FULL NAME OF CHILD Baby Patten (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Aug. Day 16 Year, 1932

FATHER	MOTHER
FULL NAME Clair Patten	FULL MAIDEN NAME Joyce Margaret Berry
RESIDENCE Princeton, Minn.	RESIDENCE Princeton, Minn.
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Farm laborer	OCCUPATION Housewife

Number of Child of this Mother 1 Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Aug 16 1932, at 12 20 A M.

(Signature) G. R. Caley

Dated 8-16 1932, (Attending physician, ~~midwife, father, etc.~~)

Address Princeton, Minn

Given or Christian name added from a supplemental report 19

Filed 10/25, 1932, John P Bornhoft REGISTRAR

REGISTRAR Address Princeton, Minn.

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 8

FULL NAME OF CHILD Baby Loeffler (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Sept Day 16 Year, 1932

FATHER	MOTHER
FULL NAME Walter W. Loeffler	FULL MAIDEN NAME Ida A Kack
RESIDENCE Princeton, Minn.	RESIDENCE Princeton, Minn.
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 3 Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Sept 16 1932, at 5 00 A M.

(Signature) G. R. Caley

Dated 9/16 1932, (Attending physician, ~~midwife, father, etc.~~)

Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

Filed 10/25, 1932, John P Bornhoft REGISTRAR

REGISTRAR Address Princeton, Minn.

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 9

FULL NAME OF CHILD Baby Rowley (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Sept Day 27 Year, 1932

FATHER	MOTHER
FULL NAME Chester C. Rowley	FULL MAIDEN NAME Irene M. Schilling
RESIDENCE Princeton, Minn.	RESIDENCE Princeton, Minn
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Illinois	BIRTHPLACE Minnesota
OCCUPATION Laborer	OCCUPATION Housewife

Number of Child of this Mother 1 Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Sept 27 1932, at 4 40 A M.

(Signature) G. R. Caley

Dated 9/27 1932, (Attending physician, ~~midwife, father, etc.~~)

Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

Filed 10/20, 1932, John P Bornhoft REGISTRAR

REGISTRAR Address Princeton, Minn.

PLACE OF BIRTH
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STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 10

FULL NAME OF CHILD Baby Polafuss (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Sept Day 30 Year, 1932

FATHER	MOTHER
FULL NAME Arthur E. Polafuss	FULL MAIDEN NAME Laura E. Hamilton
RESIDENCE Princeton, Minn	RESIDENCE Princeton, Minn
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Laborer	OCCUPATION Housekeeper

Number of Child of this Mother 3 Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Sept 30 1932, at 2 05 A M.

(Signature) G. R. Caley

Dated 9-30 1932, (Attending physician, ~~midwife, father, etc.~~)

Address Princeton, Minn

Given or Christian name added from a supplemental report 19

Filed 10/25, 1932, John P Bornhoft REGISTRAR

REGISTRAR Address Princeton, Minn.

PLACE OF BIRTH
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or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. ##

(No. , St.; Ward)

FULL NAME OF CHILD Clifford William Talberg — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and Number in order of Birth	Legitimate?	Date of Birth
Male			yes	Month Oct Day 31 Year, 1932

FATHER	MOTHER
FULL NAME: Isaac Talberg	FULL MAIDEN NAME: Pauline Elizabeth Kummer
RESIDENCE: Princeton Twp	RESIDENCE: Princeton Twp
COLOR OR RACE: White	COLOR OR RACE: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Minnesota	BIRTHPLACE: Reifenfels, Austria
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of Child of this Mother: 2
Number of Children of this Mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Oct 31 1932, at 2 45 P.M.

(Signature) Elmer K. Hansen
Dated 11/5 1932.
(Attending physician, ~~midwife, father,~~ etc.)
Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

REGISTRAR

Filed 11/11, 1932, John P. Boomhold Jr. REGISTRAR
Address Princeton, Minn.

PLACE OF BIRTH
County of Mille Lacs
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or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 11

(No. , St.; Ward)

FULL NAME OF CHILD Delores Grace Hooft — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and Number in order of Birth	Legitimate?	Date of Birth
Female			yes	Month Dec. Day 22 Year, 1932

FATHER	MOTHER
FULL NAME: Edward Henry Hooft	FULL MAIDEN NAME: Lena Kromminga
RESIDENCE: Princeton Twp.	RESIDENCE: Twp of Princeton
COLOR OR RACE: White	COLOR OR RACE: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Princeton Twp Mille Lacs Co.	BIRTHPLACE: Kanawha Ia.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of Child of this Mother: 1
Number of Children of this Mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Dec. 22 1932, at 2 15 P.M.

(Signature) Elmer K. Hansen
Dated 12/30 1932.
(Attending physician, ~~midwife, father,~~ etc.)
Address Princeton Minn.

Given or Christian name added from a supplemental report 19

REGISTRAR

Filed 12/30, 1932, John P. Boomhold Jr. REGISTRAR
Address Princeton, Minn.

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 1

(No. , St.; Ward)

FULL NAME OF CHILD Baby Sorge — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and Number in order of Birth	Legitimate?	Date of Birth
Female			yes	Month Oct Day 26 Year, 1932

FATHER	MOTHER
FULL NAME: Morris T. Sorge	FULL MAIDEN NAME: Edna Schneider
RESIDENCE: Princeton, Minn	RESIDENCE: Princeton, Minn.
COLOR OR RACE: White	COLOR OR RACE: White
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Loma, Wis.	BIRTHPLACE: Ill.
OCCUPATION: Road worker	OCCUPATION: Housewife

Number of Child of this Mother: 1
Number of Children of this Mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Oct 26 1932, at 8 30 A.M.

(Signature) G. P. Caley
Dated Nov. 5 1932.
M.d.
(Attending physician, ~~midwife, father,~~ etc.)
Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

REGISTRAR

Filed 2/11, 1933, John P. Boomhold Jr. REGISTRAR
Address Princeton, Minn.

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 2

(No. , St.; Ward)

FULL NAME OF CHILD Baby Rick — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and Number in order of Birth	Legitimate?	Date of Birth
male			yes	Month Nov. Day 15 Year, 1932

FATHER	MOTHER
FULL NAME: Alfred A. Rick	FULL MAIDEN NAME: Sylvia Lovaine Lindeman
RESIDENCE: Princeton, Minn	RESIDENCE: Princeton, Minn.
COLOR OR RACE: White	COLOR OR RACE: White
AGE AT LAST BIRTHDAY: 20 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Minnesota	BIRTHPLACE: S. Dak.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of Child of this Mother: 2
Number of Children of this Mother now living: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Nov 15 1932, at 9 10 P.M.

(Signature) G. P. Caley
Dated Nov. 30 1932.
(Attending physician, ~~midwife, father,~~ etc.)
Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

REGISTRAR

Filed 2/11, 1933, John P. Boomhold Jr. REGISTRAR
Address Princeton, Minn.

PLACE OF BIRTH
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or
City of

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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. ~~#~~ 3

(No. , St.; Ward)

FULL NAME OF CHILD Baby Geath

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Jan Day 8 Year, 1933

FATHER	MOTHER
FULL NAME: Anton G. Geath	FULL MAIDEN NAME: Martha L. Milbrandt
RESIDENCE: Princeton	RESIDENCE: Princeton
COLOR OR RACE: White	COLOR OR RACE: White
AGE AT LAST BIRTHDAY: 42 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Minnesota	BIRTHPLACE: Minnesota
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of Child of this Mother 5

Number of Children of this Mother now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Jan 8 1933, at 2 20 A.M.

(Signature) G. R. Caley

Dated Feb 1 1933, (Attending physician, ~~midwife, father,~~ etc.)

Address Princeton, Minn

Given or Christian name added from a supplemental report 19

Filed 2/11, 1933. John P. Bornholdt REGISTRAR

REGISTRAR

Address Princeton, Minn

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or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. ~~#~~ 4

(No. , St.; Ward)

FULL NAME OF CHILD Baby Arnhold

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Jan Day 8 Year, 1933

FATHER	MOTHER
FULL NAME: Henry Arnhold Jr.	FULL MAIDEN NAME: Minnie Munks
RESIDENCE: Princeton, Minn.	RESIDENCE: Princeton, Minn.
COLOR OR RACE: White	COLOR OR RACE: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Minnesota	BIRTHPLACE: Minnesota
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of Child of this Mother 2

Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Jan 8 1933, at 8 20 A.M.

(Signature) G. R. Caley

Dated Feb 1st 1933, (Attending physician, ~~midwife, father,~~ etc.)

Address Princeton, Minn

Given or Christian name added from a supplemental report 19

Filed 2/11, 1933. John P. Bornholdt REGISTRAR

REGISTRAR

Address Princeton, Minn.

PLACE OF BIRTH
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RECORD OF BIRTH

Registered No. 3 5

(No. , St.; Ward)

FULL NAME OF CHILD Baby Dorce

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Mar Day 21 Year, 1933

FATHER	MOTHER
FULL NAME: Walter J Dorce	FULL MAIDEN NAME: Edna M. Chilstrom
RESIDENCE: Princeton	RESIDENCE: Princeton
COLOR OR RACE: White	COLOR OR RACE: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Minnesota	BIRTHPLACE: Illinois
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of Child of this Mother 4

Number of Children of this Mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Mar 21 1933, at 6 40 A.M.

(Signature) G. R. Caley

Dated 5/4 1933, (Attending physician, ~~midwife, father,~~ etc.)

Address Princeton, Minn

Given or Christian name added from a supplemental report 19

Filed 5/4, 1933. John P. Bornholdt REGISTRAR

REGISTRAR

Address Princeton, Minn

PLACE OF BIRTH
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Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 6

(No. , St.; Ward)

FULL NAME OF CHILD Gordon Magnus Johnson

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
male				yes	Month Apr Day 15 Year, 1933

FATHER	MOTHER
FULL NAME: Ernest Arthur Johnson	FULL MAIDEN NAME: Esther Louise Sorenson
RESIDENCE: Princeton Twp.	RESIDENCE: Princeton Twp.
COLOR OR RACE: White	COLOR OR RACE: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Dassel, Minn	BIRTHPLACE: Benson, Minn.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of Child of this Mother 4

Number of Children of this Mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Apr 15 1933, at 8 20 A.M.

(Signature) Elmer H. Hanson

Dated 4/18 1933, M.D. (Attending physician, midwife, father, etc.)

Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

Filed 4/25, 1933. John P. Bornholdt REGISTRAR

REGISTRAR

Address Princeton, Minn.

PLACE OF BIRTH
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STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 7

FULL NAME OF CHILD Harold Lester Cordes (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
male				yes	Month Apr. Day 17 Year, 1933

FATHER	MOTHER
FULL NAME Harry August Cordes	FULL MAIDEN NAME Irene May Snow
RESIDENCE Princeton Twp.	RESIDENCE Princeton Twp.
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE North Dakota
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 3
Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Apr. 17, 1933, at 8:30 P.M.

(Signature) Elmer H. Hansen
Dated 4/22 1933,
(Attending physician, ~~midwife, father, etc.~~)
Address Princeton, Minn.
Filed 4/25, 1933. John P. Boerboldt REGISTRAR
Address Princeton, Minn.

Given or Christian name added from a supplemental report 19
REGISTRAR

PLACE OF BIRTH
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STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 8

FULL NAME OF CHILD Robert Harold Weslok (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month May Day 24 Year, 1933

FATHER	MOTHER
FULL NAME Edwin Quinton Weslok	FULL MAIDEN NAME Evelyn Madeline Enewark
RESIDENCE Princeton Twp.	RESIDENCE Princeton Twp.
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 3
Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on May 24, 1933, at 7:38 A.M.

(Signature) Elmer H. Hansen
Dated 6/1 1933,
(Attending physician, ~~midwife, father, etc.~~)
Address Princeton, Minn.
Filed 6/2, 1933. John P. Boerboldt REGISTRAR
Address Princeton, Minn.

Given or Christian name added from a supplemental report 19
REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
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STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 9

FULL NAME OF CHILD Baby Patten (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month July Day 14 Year, 1933

FATHER	MOTHER
FULL NAME Guy Leslie Patten	FULL MAIDEN NAME Mabel Dean House
RESIDENCE Princeton, Minn	RESIDENCE Princeton, Minn
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Missouri
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 0
Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on July 14, 1933, at 5:20 A.M.

(Signature) G. R. Calley
Dated 7/15 1933 Md.
(Attending physician, midwife, father, etc.)
Address Princeton, Minn.
Filed 7/31, 1933. John P. Boerboldt REGISTRAR
Address Princeton, Minn.

Given or Christian name added from a supplemental report 19
REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
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or
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STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 10

FULL NAME OF CHILD Baby Malcolm (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month July Day 17 Year, 1933

FATHER	MOTHER
FULL NAME Forest G. Malcolm	FULL MAIDEN NAME Gladys M. Robertson
RESIDENCE Princeton, Minn.	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Laborer	OCCUPATION Housewife

Number of Child of this Mother 2
Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on July 17, 1933, at 12:40 A.M.

(Signature) G. R. Calley
Dated 7/20 1933, Md
(Attending physician, midwife, father, etc.)
Address Princeton, Minn.
Filed 7/31, 1933. John P. Boerboldt REGISTRAR
Address Princeton, Minn.

Given or Christian name added from a supplemental report 19
REGISTRAR

PLACE OF BIRTH
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STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 11

FULL NAME OF CHILD Baby Mueller (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month July Day 22 Year, 1933

FATHER	MOTHER
FULL NAME Fred A. Mueller	FULL MAIDEN NAME Lydia E. Hamann
RESIDENCE Princeton, Minn	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 39 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 3 — Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on July 22, 1933, at 5:30 P.M.

(Signature) G. R. Caley

Dated 7/30, 1933, Md (Attending physician, midwife, father, etc.)

Address Princeton, Minn.

Filed 7/31, 1933, John P. Bornholdt REGISTRAR

Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
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Village of
or
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STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 12

FULL NAME OF CHILD Baby Rosen (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Aug Day 31 Year, 1933

FATHER	MOTHER
FULL NAME Irwin O Rosen	FULL MAIDEN NAME Ida Martha Meyer
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Ill.	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 3 — Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Aug. 31, 1933, at 6:50 P.M.

(Signature) Irwin O Rosen

Dated 9/13, 1933, Father (Attending physician, ~~midwife~~, father, etc.)

Address Princeton, Minn.

Filed 9/13, 1933, John P. Bornholdt REGISTRAR

Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
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STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 13

FULL NAME OF CHILD Richard Robert Shaw (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Sept. Day 11 Year, 1933

FATHER	MOTHER
FULL NAME Albertus Eugene Shaw	FULL MAIDEN NAME Myrtle Josephine Hanson
RESIDENCE Mille Lacs Co.	RESIDENCE Mille Lacs Co.
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housekeeper

Number of Child of this Mother 3 — Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Sept 11, 1933, at 1:45 P.M.

(Signature) C. J. Henry

Dated 9/18, 1933, Md (Attending physician, midwife, father, etc.)

Address Milaca, Minn.

Filed 9/19, 1933, John P. Bornholdt REGISTRAR

Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
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STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 14

FULL NAME OF CHILD Arlis Jean Stevens (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Sept Day 15 Year, 1933

FATHER	MOTHER
FULL NAME Hugh Leroy Stevens Jr.	FULL MAIDEN NAME Ada Effie Vernon
RESIDENCE Sherburn Co. Minn.	RESIDENCE Sherburn Co. Minnesota
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Wyanette Twp. Isanti Co. Minn.	BIRTHPLACE Brickton, Minnesota
OCCUPATION Laborer	OCCUPATION Housekeeper

Number of Child of this Mother 3 — Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Sept. 15, 1933, at 12:45 P.M.

(Signature) Elmer H. Hansen

Dated 9/21, 1933, (Attending physician, ~~midwife, father~~, etc.)

Address Princeton, Minn.

Filed 9/25, 1933, John P. Bornholdt REGISTRAR

Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
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RECORD OF BIRTH

Registered No. 15

(No. , St.; Ward)

FULL NAME OF CHILD Thoma, Raymond Duane

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
male				yes	Month Sept. Day 7 Year, 1933

FATHER	MOTHER
FULL NAME Louis R. Thoma	FULL MAIDEN NAME Hazel M. Lawrence
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 1

Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Sept 7th 1933, at 6:30 P.M.

(Signature) G. R. Caley

Dated 9/10 1933, (Attending physician, ~~midwife, father, etc.~~)

Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

Filed 10/7 1933 John P. Boomhaldt REGISTRAR

REGISTRAR

Address Princeton, Minn.

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 16

(No. , St.; Ward)

FULL NAME OF CHILD Baby Olson

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Sept. Day 9 Year, 1933

FATHER	MOTHER
FULL NAME Bennie W. Olson	FULL MAIDEN NAME Lilian M. Hatch
RESIDENCE Princeton, Minn.	RESIDENCE Princeton, Minn
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 7

Number of Children of this Mother now living 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Sept 9 1933, at 5:00 A.M.

(Signature) G. R. Caley

Dated 9/15 1933, (Attending physician, ~~midwife, father, etc.~~)

Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

Filed 10/7 1933 John P. Boomhaldt REGISTRAR

REGISTRAR

Address Princeton, Minn.

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Township of Princeton
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or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 17

(No. , St.; Ward)

FULL NAME OF CHILD Baby Sanford

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Oct Day 6 Year, 1933

FATHER	MOTHER
FULL NAME Byron E. Sanford	FULL MAIDEN NAME Dorothy A. Peterson
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 1

Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Oct. 6 1933, at 1:05 A.M.

(Signature) G. R. Caley

Dated 10/7 1933, M.D. (Attending physician, midwife, father, etc.)

Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

Filed 10/7 1933 John P. Boomhaldt REGISTRAR

REGISTRAR

Address Princeton, Minn.

PLACE OF BIRTH
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Township of Princeton
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Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 18

(No. , St.; Ward)

FULL NAME OF CHILD Baby Manke

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
male				yes	Month Oct. Day 30 Year, 1933

FATHER	MOTHER
FULL NAME Raymond G. Manke	FULL MAIDEN NAME Violet I. Anderson
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 1

Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Oct 30 1933, at 5:40 P.M.

(Signature) G. R. Caley

Dated 11/5 1933, M.D. (Attending physician, midwife, father, etc.)

Address Princeton, Minn.

Gerald Raymond

Given or Christian name added from a supplemental report 12/8 1934

John P. Boomhaldt REGISTRAR

Filed 11/11 1933 John P. Boomhaldt REGISTRAR

REGISTRAR

Address Princeton, Minn.

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 1

(No. , St.; Ward)

FULL NAME OF CHILD Baby Blair (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Jan Day 1 Year, 1934

FATHER	MOTHER
FULL NAME Leo R. Blair	FULL MAIDEN NAME Mary V. Skrentney
RESIDENCE Princeton, Minn	RESIDENCE Princeton, Minn.
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY Ill (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Ill.
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 4 — Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Jan 1st 1934, at 12 08 AM.

(Signature) G. P. Caley
Dated 1/5 1934. M.D. (Attending physician, midwife, father, etc.)
Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

REGISTRAR

Filed 1/30, 1934. John P. Bornholdt REGISTRAR
Address Princeton, Minn.

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
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Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 2

(No. , St.; Ward)

FULL NAME OF CHILD Baby Hamann (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Jan Day 1 Year, 1934

FATHER	MOTHER
FULL NAME Gehardt J. Hamann	FULL MAIDEN NAME Elenor M. Olson
RESIDENCE Princeton, Minn	RESIDENCE Princeton, Minn
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Wisconsin
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 1 — Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Jan 1 1934, at 1 15 AM.

(Signature) G. P. Caley
Dated 1/10 1934. M.D. (Attending physician, midwife, father, etc.)
Address Princeton, Minn.

Moores Albert
Given or Christian name added from a supplemental report 19

REGISTRAR

Filed 1/30, 1934. John P. Bornholdt REGISTRAR
Address Princeton, Minn.

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 3

(No. , St.; Ward)

FULL NAME OF CHILD Baby Danger (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Mar. Day 18 Year, 1934

FATHER	MOTHER
FULL NAME Walter Ray Danger	FULL MAIDEN NAME Emma Mathilda Benning
RESIDENCE Princeton, Minn	RESIDENCE Princeton Minn
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 2 — Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Mar 18 1934, at 2 15/10 M.

(Signature) Elmer H. Hansen
Dated 3/23 1934. M.D. (Attending physician, midwife, father, etc.)
Address Princeton, Minn.

Eugene Ray
Given or Christian name added from a supplemental report Jan 5 1934

John P. Bornholdt REGISTRAR

Filed 3/26, 1934. John P. Bornholdt REGISTRAR
Address Princeton, Minn.

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 4

(No. , St.; Ward)

FULL NAME OF CHILD Baby Pike (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Mar. Day 21 Year, 1934

FATHER	MOTHER
FULL NAME Oscar Emil Pike	FULL MAIDEN NAME Inez Marie Jok Jones
RESIDENCE Princeton, Minn.	RESIDENCE Princeton, Minn.
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 2 — Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Mar 24 1934, at 1 15 AM.

(Signature) G. P. Caley
Dated 3/30 1934. M.D. (Attending physician, midwife, father, etc.)
Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

REGISTRAR

Filed 3/31, 1934. John P. Bornholdt REGISTRAR
Address Princeton, Minn.

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 5

(No. , St.; Ward)

FULL NAME OF CHILD Baby Ziemann

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Mar. Day 25 Year, 1934

FATHER

FULL NAME Theodore O Ziemann
RESIDENCE Princeton, Minn.
COLOR OR RACE White
AGE AT LAST BIRTHDAY 56 (Years)
BIRTHPLACE Iowa
OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Esther L. Biedeman
RESIDENCE Princeton, Minn.
COLOR OR RACE White
AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Wisconsin
OCCUPATION Housewife

Number of Child of this Mother 5
Number of Children of this Mother now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Mar. 25, 1934, at 11 00 P.M.

(Signature) G. P. Caley
Dated 3/30 1934, M. D.
(Attending physician, midwife, father, etc.)
Address Princeton, Minn.
Filed 3/31, 1934, John P. Borgholdt REGISTRAR
Address Princeton, Minn.

Given or Christian name added from a supplemental report 19
REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
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Village of
or
City of

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DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 6

(No. , St.; Ward)

FULL NAME OF CHILD

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Apr. Day 9 Year, 1934

FATHER

FULL NAME Gust A Benson
RESIDENCE Borgholm Twp. Minn.
COLOR OR RACE White
AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Sweden
OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Vivian Rice
RESIDENCE Mille Lac Co. Borgholm Twp
COLOR OR RACE White
AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Minnesota
OCCUPATION Housewife

Number of Child of this Mother 2
Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Apr. 9, 1934, at 8 40 A.M.

(Signature) K. T. Norgard
Dated 4/11 1934,
(Attending physician, ~~midwife, father~~, etc.)
Address Milaca, Minn.
Filed 4/16, 1934, John P. Borgholdt REGISTRAR
Address Princeton, Minn.

Given or Christian name added from a supplemental report 19
REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
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City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 7

(No. , St.; Ward)

FULL NAME OF CHILD Baby Alfred Dalchow

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Apr. Day 26 Year, 1934

FATHER

FULL NAME Alfred W. Dalchow
RESIDENCE Princeton
COLOR OR RACE White
AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Minnesota
OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Alta May Swenson
RESIDENCE Princeton
COLOR OR RACE White
AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Minnesota
OCCUPATION Housewife

Number of Child of this Mother 1
Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Apr. 26, 1934, at 2 25 A.M.

(Signature) G. P. Caley
Dated 4/28 1934,
(Attending physician, midwife, father, etc.)
Address Princeton, Minn.
Filed 5/1 30, 1934, John P. Borgholdt REGISTRAR
Address Princeton, Minn.

Given or Christian name added from a supplemental report 19
REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
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Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 8

(No. , St.; Ward)

FULL NAME OF CHILD Baby Reiman

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month May Day 10 Year, 1934

FATHER

FULL NAME Otto B. Reiman
RESIDENCE Princeton
COLOR OR RACE White
AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Minnesota
OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Susie A. Schimming
RESIDENCE Princeton
COLOR OR RACE White
AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Minnesota
OCCUPATION Housewife

Number of Child of this Mother 5
Number of Children of this Mother now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on May 10, 1934, at 3 30 A.M.

(Signature) G. P. Caley
Dated 5/15 1934, M.D.
(Attending physician, midwife, father, etc.)
Address Princeton, Minn.
Filed 6/5, 1934, John P. Borgholdt REGISTRAR
Address Princeton, Minn.

Given or Christian name added from a supplemental report 19
REGISTRAR

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 9

FULL NAME OF CHILD Reed Ellis Sanford (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month May Day 23 Year, 1934

FATHER	MOTHER
FULL NAME Ellis Burke Sanford	FULL MAIDEN NAME Wilma Estella Peterson
RESIDENCE Princeton, Minn.	RESIDENCE Princeton, Minn
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Iowa
OCCUPATION Merchant	OCCUPATION Housewife

Number of Child of this Mother 1 Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on May 23, 1934, at 12:45 P.M.

(Signature) Elmer H Hansen

Dated May 29 1934, Md (Attending physician, midwife, father, etc.)

Address Princeton, Minn.

Given or Christian name added from a supplemental report 19

Filed 5/31, 1934, John P Bornholdt REGISTRAR

REGISTRAR Address Princeton, Minn.

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 10

FULL NAME OF CHILD Joyce Talberg (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Aug Day 17 Year, 1934

FATHER	MOTHER
FULL NAME Isaac Talberg	FULL MAIDEN NAME Pauline Elizabeth Kummer
RESIDENCE Princeton Twp.	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Austria
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 3 Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Aug 17, 1934, at 4:20 P.M.

(Signature) Elmer H Hansen

Dated 8/17 1934, Md. (Attending physician, midwife, father, etc.)

Address Princeton, Minn

Given or Christian name added from a supplemental report 19

Filed 9-22, 1934, John P Bornholdt REGISTRAR

REGISTRAR Address Princeton, Minn.

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
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City of (No. , St.; Ward)

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 11

FULL NAME OF CHILD IRIS. GRAPENTINE. (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Dec Day 9 Year, 1934

FATHER	MOTHER
FULL NAME August H. Grapentine	FULL MAIDEN NAME Eva. M. Steever
RESIDENCE	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Farmer.	OCCUPATION Housewife

Number of Child of this Mother 3 Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Dec 9, 1934, at 11:48 P.M.

(Signature) G A Caley

Dated Dec 10 1934, md (Attending physician, midwife, father, etc.)

Address Princeton, Minn

Given or Christian name added from a supplemental report 19

Filed Dec 28, 1934, Geo Borchard REGISTRAR

REGISTRAR Address Princeton Minn

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 1

FULL NAME OF CHILD MERLIN. SANFORD (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Jan Day 12 Year, 1935

FATHER	MOTHER
FULL NAME Gordon Sanford	FULL MAIDEN NAME Elsie a Nystad
RESIDENCE	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 43. (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 4 Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Jan 12, 1935, at 9:15 AM.

(Signature) G A Caley

Dated Jan 20 1935, md (Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed 1-30, 1935, Geo Borchard REGISTRAR

REGISTRAR Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
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or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 2

(No. St.; Ward)

FULL NAME OF CHILD William. Seefelt
If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
M				yes	Month Feb Day 12 Year, 1935

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John F. Seefelt	Olga Helen Hamann
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	33	29
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Farmer.	Housewife

Number of Child of this Mother one
Number of Children of this Mother now living one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Feb 12 1935, at 3.55 P.M.

(Signature) I R Caley
Dated Feb 15 1935
(Attending physician, midwife, father, etc.)
Address Princeton

Given or Christian name added from a supplemental report 19

Filed March 5, 1935 Geo Borchard REGISTRAR
Address Princeton Minn

REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 3

(No. St.; Ward)

FULL NAME OF CHILD Gerald John Meyers
If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Apr Day 2 Year, 1935

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ewin H. Meyers	Erwan Ethel Reynolds
RESIDENCE	Princeton twp	Princeton twp
COLOR OR RACE	White	
AGE AT LAST BIRTHDAY (Years)	26	19
BIRTHPLACE	Princeton Twp	Baldwin Twp
OCCUPATION	Farmer.	Housewife

Number of Child of this Mother
Number of Children of this Mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on April 2 1935, at 5.35 P.M.

(Signature) Ember F. Bowers
Dated Apr 9 1935
(Attending physician, midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed May 9, 1935 Geo Borchard REGISTRAR
Address

REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
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STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 4

(No. St.; Ward)

FULL NAME OF CHILD Gladys Betty Bekins
If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Apri Day 8 Year, 1935

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Bert Bekins	Dena Godeka
RESIDENCE	Princeton Minn	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	30	26
BIRTHPLACE	Minnesota	Holland
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 2
Number of Children of this Mother now living 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Apri 4 1935, at 11.45 P.M.

(Signature) O J Kling
Dated Apri 8 1935
(Attending physician, midwife, father, etc.)
Address MD

Given or Christian name added from a supplemental report 19

Filed May 9, 1935 Geo Borchard REGISTRAR
Address Princeton Minn

REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 5

(No. St.; Ward)

FULL NAME OF CHILD Bandon
If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male			6	yes	Month 4-28 Day Year, 1935

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur Bandon	Laura Gesch
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	34	
BIRTHPLACE	Princeton	
OCCUPATION	Farmer	

Number of Child of this Mother 6
Number of Children of this Mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on 4-28 1935, at M.

(Signature) Dr Caley
Dated 4-2 1935
(Attending physician, midwife, father, etc.)
Address

Given or Christian name added from a supplemental report 19

Filed May 9, 1935 Geo Borchard REGISTRAR
Address Princeton Minn

REGISTRAR

142

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 6

(No. , St.; Ward)

FULL NAME OF CHILD Nancy Jane Baby Henschel (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month 4 Day 5 Year, 1935

FATHER	MOTHER
FULL NAME Ernest C Henschel	FULL MAIDEN NAME Selma P Sikasky
RESIDENCE Princeton Minn	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Minn	BIRTHPLACE Wisc
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother
Number of Children of this Mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on 4 - 5 , 1935, at 3 P M.

(Signature) Dr G R Caley

Dated 4 - 5 1935

(Attending physician, midwife, father, etc.)

Address Princeton Rnd

Given or Christian name added from a supplemental report 19

Filed 5 - 9 , 1935, Geo Borchard REGISTRAR

REGISTRAR

Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of Raymond G.

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 9

(No. , St.; Ward)

FULL NAME OF CHILD Baby Ploeger (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month May Day 22 Year, 1935

FATHER	MOTHER
FULL NAME Geo Ploeger	FULL MAIDEN NAME Clara D. Kloetzer
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION Housewife

Number of Child of this Mother 1
Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on May 22 , 1935, at 4:55 P M.

(Signature) G R Caley

Dated May 28 1935

(Attending physician, midwife, father, etc.)

Address

Given or Christian name added from a supplemental report 19

Filed June 9 , 1935, Geo Borchard REGISTRAR

REGISTRAR

Address Princeton Minn

143

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 8

(No. , St.; Ward)

FULL NAME OF CHILD Baby Thoma (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month May Day 20 Year, 1935

FATHER	MOTHER
FULL NAME Louis Thoma	FULL MAIDEN NAME Hazel Haenen
RESIDENCE Princeton	RESIDENCE Princeton
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Minn	BIRTHPLACE Minn
OCCUPATION Laborer	OCCUPATION Housewife

Number of Child of this Mother Two
Number of Children of this Mother now living Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on May 20 , 1935, at 8:25 A M.

(Signature) G R Caley

Dated May 25 1935

(Attending physician, midwife, father, etc.)

Address

Given or Christian name added from a supplemental report 19

Filed June 9 , 1935, Geo Borchard REGISTRAR

REGISTRAR

Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 10

(No. , St.; Ward)

FULL NAME OF CHILD Dorthy Elane Nelson — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and Number in order of Birth	Legitimate?	Date of Birth
Female		4	yes	Month 6 Day 16 Year, 1935

FATHER
FULL NAME Ben Nelson
RESIDENCE Princeton
COLOR OR RACE White
AGE AT LAST BIRTHDAY 45 (Years)
BIRTHPLACE Sweden
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME agnes Abrahamson
RESIDENCE Princeton Minn
COLOR OR RACE White
AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Minnesota
OCCUPATION Housewife

Number of Child of this Mother 4
Number of Children of this Mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on 6-16, 1935, at 2 P.M.

(Signature) H C Cooney M D.

Dated , 19 , (Attending physician, midwife, father, etc.)

Address

Given or Christian name added from a supplemental report 19

Filed June 9, 1935 Geo Borchard REGISTRAR

REGISTRAR

Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 11

(No. , St.; Ward)

FULL NAME OF CHILD Beverly Jean Shaw — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and Number in order of Birth	Legitimate?	Date of Birth
Female		4	yes	Month 5 Day 28 Year, 1932

FATHER
FULL NAME Albertus Shaw
RESIDENCE Princeton Minn
COLOR OR RACE White
AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Minnesota
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Myrtle Hanson
RESIDENCE Princeton
COLOR OR RACE White
AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Minnesota
OCCUPATION Housewife

Number of Child of this Mother 4
Number of Children of this Mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on 5-28, 1935, at 7.45 A.M.

(Signature) C H. Henry

Dated 5-29 1935, (Attending physician, midwife, father, etc.)

Address

Given or Christian name added from a supplemental report 19

Filed 6-9, 1935 Geo Borchard REGISTRAR

REGISTRAR

Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 12

(No. , St.; Ward)

FULL NAME OF CHILD Carol Baby Peterson — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and Number in order of Birth	Legitimate?	Date of Birth
Female			Yes	Month Aug Day 4 Year, 1935

FATHER
FULL NAME Geo Ewald Peterson
RESIDENCE Princeton
COLOR OR RACE White
AGE AT LAST BIRTHDAY 47 (Years)
BIRTHPLACE Minnesota
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Caroline M Schultz
RESIDENCE Princeton
COLOR OR RACE White
AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE ~~Minnesota~~ Nebr.
OCCUPATION Housewife

Number of Child of this Mother
Number of Children of this Mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Aug 4, 1935, at 9 AM.

(Signature) G R Caley

Dated Aug 9 1935. (Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed Aug 9, 1935. Geo Borchard REGISTRAR

REGISTRAR

Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 13

(No. , St.; Ward)

FULL NAME OF CHILD Baby Snow — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and Number in order of Birth	Legitimate?	Date of Birth
Male		2	Yes	Month July 11 Day 3 6 Year, 19

FATHER
FULL NAME John Snow
RESIDENCE Long Siding
COLOR OR RACE White
AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE N. Dak.
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Mable Bolton
RESIDENCE Long Siding
COLOR OR RACE White
AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Minn
OCCUPATION Housewife

Number of Child of this Mother 2
Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on July 11, 1935, at 6.05 A.M.

(Signature) G R Caley

Dated July 15 1935, (Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed Aug 9, 1935. Geo Borchard REGISTRAR

REGISTRAR

Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 14

(No. , St.; Ward)

FULL NAME OF CHILD Baby Blair

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month July Day 20 Year, 1935

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Leo R Blair	Mary V Sherentsy
RESIDENCE	Princeton Minn	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY	39 (Years)	42 (Years)
BIRTHPLACE	Minn	Ill.
OCCUPATION	Farmer.	Housewife

Number of Child of this Mother 4 — Number of Children of this Mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on July 20, 1935, at 12:25 P.M.

(Signature) G R Caley

Dated July 25 1935 (Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed July 25, 1935 Geo Borchard REGISTRAR

REGISTRAR Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of Robert Milton (No. 2881, St.; Ward)

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 15

FULL NAME OF CHILD Baby Doree.

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male			6	yes	Month July Day 30 Year, 1935

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm A Doree	Albertina R Angby.
RESIDENCE	Princeton Minn	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY	35 (Years)	33 (Years)
BIRTHPLACE	Minnesota	Nebr
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 6 — Number of Children of this Mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on July 30, 1935, at 3:00 A.M.

(Signature) G R Caley

Dated Aug 5 1935 (Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed Aug 9, 1935 Geo Borchard REGISTRAR

REGISTRAR Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 16

(No. , St.; Ward)

FULL NAME OF CHILD Clifford gordon Wallace

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male					Month Aug Day 23 Year, 1935

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Floyd Francis Wallace	Ada Ethel Snow
RESIDENCE	Princeton	Princeton
COLOR OR RACE	W	W
AGE AT LAST BIRTHDAY	31 (Years)	29 (Years)
BIRTHPLACE	Cresco Iowa	Rensler Indiana
OCCUPATION	Farmer	Housewife

Number of Child of this Mother — Number of Children of this Mother now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Aug 23, 1935, at 10:43 A.M.

(Signature) E H Hanson

Dated 9/3 1935 (Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed 9/3, 1935 Geo Borchard REGISTRAR

REGISTRAR Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 17

(No. , St.; Ward)

FULL NAME OF CHILD Baby Foote

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male			1		Month Sept Day 3 Year, 1935

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Milton Foote	Altha L McMinn.
RESIDENCE	Princeton	Princeton
COLOR OR RACE	W	W
AGE AT LAST BIRTHDAY	25 (Years)	19 (Years)
BIRTHPLACE	Minn	Minn
OCCUPATION	Laborer	Housewife

Number of Child of this Mother 1 — Number of Children of this Mother now living 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Sept 3, 1935, at 6:25 A.M.

(Signature) G R Caley

Dated Sept 5 1935 G R Caley (Attending physician, midwife, father, etc.)

Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed Sept 4, 1935 Geo Borchard REGISTRAR

REGISTRAR Address Princeton Minn

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 18

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of (No. 2881, St.; Ward)

FULL NAME OF CHILD Baby Manke (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month aug Day 30 Year, 1935

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Raymond Manke	Violet Marie Anderson
RESIDENCE	Princeton	Princeton
COLOR OR RACE	W	W
AGE AT LAST BIRTHDAY (Years)	28	19
BIRTHPLACE	Minn	Minn
OCCUPATION	Farmer	Housewife

Number of Child of this Mother
Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on aug 30 1935, at 9:15 A. M.

(Signature) G R Caley
Dated 9-5 1935
(Attending physician, midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report 19
REGISTRAR

Filed 9-6, 1935 Geo Borchard REGISTRAR
Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of Mortenson m. (No. 2881, St.; Ward)

FULL NAME OF CHILD Baby Dalchow (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female			2	yes	Month Aug Day 19 Year, 1935

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Andrew W. Dalchow	Alta M Swenson
RESIDENCE	Princeton	Princeton
COLOR OR RACE	W	W.
AGE AT LAST BIRTHDAY (Years)	30	24
BIRTHPLACE	Minn	Minn
OCCUPATION	Farmer	Housewife

Number of Child of this Mother
Number of Children of this Mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on aug 19 1935, at 9:50 A. M.

(Signature) G R Caley
Dated aug 25 1935
(Attending physician, midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report 19
REGISTRAR

Filed 9-5, 1935 Geo Borchard REGISTRAR
Address Princeton Minn

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 20

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of (No. 2881, St.; Ward)

FULL NAME OF CHILD Richard Allen Grenetha (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Sept Day 23 Year, 35

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Libby Genetha	Regina Mooleman
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	32	24
BIRTHPLACE	Ostrand Holland	Edsward Holland
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 3
Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Sept 23 1935, at 7:45 A. M.

(Signature) E H Lamen
Dated Oct 1 1935
(Attending physician, midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report 19
REGISTRAR

Filed Oct 2, 1935 Geo Borchard REGISTRAR
Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of (No. 2881, St.; Ward)

FULL NAME OF CHILD Bonita Mae Mc Minn (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Sept Day 10 Year, 1935

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Bonita Raft Mc Minn	Flossie Mabel Libby
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	43	32
BIRTHPLACE	Princeton	Princeton Twp
OCCUPATION	Farmer	Housekeeper.

Number of Child of this Mother 4
Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Sept 10 1935, at 2:40 P. M.

(Signature) E H Lamen
Dated Sept 17 1935
(Attending physician, midwife, father, etc.)
Address Princeton

Given or Christian name added from a supplemental report 19
REGISTRAR

Filed Oct 5, 1935 Geo Borchard REGISTRAR
Address Princeton

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 22

(No. , St.; Ward)

FULL NAME OF CHILD Douglas Neil Mueller — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and Number in order of Birth	Legitimate?	Date of Birth
Male		1	yes	Month Sept. Day 23 Year, 1935

FATHER
FULL NAME: Carl a. Mueller
RESIDENCE: Princeton
COLOR OR RACE: White — AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Minn
OCCUPATION: Farmer

MOTHER
FULL MAIDEN NAME: Ruth E. Chapman
RESIDENCE: Princeton
COLOR OR RACE: White — AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Minn
OCCUPATION: Housewife

Number of Child of this Mother:
Number of Children of this Mother now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Sept 23 1935, at 5:25 P.M.

(Signature) G R Caley
Dated Sept 28 1935. G R Caley (Attending physician, midwife, father, etc.)
Address Princeton
Filed Oct 3, 1935. Geo Borchard REGISTRAR
Address Princeton

Given or Christian name added from a supplemental report 19

REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 23

(No. 2881, St.; Ward)

FULL NAME OF CHILD Baby Jurgrath — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and Number in order of Birth	Legitimate?	Date of Birth
Male		3	yes	Month Oct Day 2 Year, 1935

FATHER
FULL NAME: Lenord Jurgrath
RESIDENCE: Princeton
COLOR OR RACE: White — AGE AT LAST BIRTHDAY: 43 (Years)
BIRTHPLACE: Minn
OCCUPATION: Farmer

MOTHER
FULL MAIDEN NAME: Emma M Haeft
RESIDENCE: Princeton
COLOR OR RACE: White — AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Minn
OCCUPATION: Housewife

Number of Child of this Mother:
Number of Children of this Mother now living:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Oct 2 1935, at 2:15 A.M.

(Signature) G R Caley
Dated Oct 8 1935. G R Caley (Attending physician, midwife, father, etc.)
Address
Filed Oct 8, 1935. Geo Borchard REGISTRAR
Address Princeton

Given or Christian name added from a supplemental report 19

REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 24

(No. 2881, St.; Ward)

FULL NAME OF CHILD Richard Gens — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and Number in order of Birth	Legitimate?	Date of Birth
Male	Twin	1	yes	Month Sept Day 19 Year, 1935

FATHER
FULL NAME: Ernest H Gens
RESIDENCE: Princeton
COLOR OR RACE: White — AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Minn
OCCUPATION: Farmer

MOTHER
FULL MAIDEN NAME: Anita M Kalthus
RESIDENCE: Princeton
COLOR OR RACE: White — AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Minn
OCCUPATION: Housewife

Number of Child of this Mother:
Number of Children of this Mother now living:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Sept 19 1935, at 2:45 P.M.

(Signature) G R Caley
Dated Sept 25 1935. (Attending physician, midwife, father, etc.)
Address Princeton
Filed Sept 27, 1935. Geo Borchard REGISTRAR
Address Princeton

Given or Christian name added from a supplemental report 19

REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 25

(No. 2881, St.; Ward)

FULL NAME OF CHILD ROBERT Gens — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and Number in order of Birth	Legitimate?	Date of Birth
Male	Twin		yes	Month Sept 19 Day Year, 1935

FATHER
FULL NAME: Ernest H Gens
RESIDENCE: Princeton
COLOR OR RACE: White — AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Minn
OCCUPATION: Farmer

MOTHER
FULL MAIDEN NAME: Anita M Kalthus
RESIDENCE: Princeton
COLOR OR RACE: White — AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Minn
OCCUPATION: Housewife

Number of Child of this Mother:
Number of Children of this Mother now living:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Sept 19 1935, at 12:45 P.M.

(Signature) G R Caley
Dated Sept 25 1935. (Attending physician, midwife, father, etc.)
Address Princeton
Filed Sept 27, 1935. Geo Borchard REGISTRAR
Address Princeton Minn

Given or Christian name added from a supplemental report 19

REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 26

(No. , St.; Ward)

FULL NAME OF CHILD Baby Jennison

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month Oct Day 20 Year, 1935

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ray Jennison	Dottie Grow
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	29	29
BIRTHPLACE	Minn	Minn
OCCUPATION	Laborer.	Housewife

Number of Child of this Mother 4

Number of Children of this Mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Oct 20, 1935, at 2.45 P.M.

(Signature) G R Caley

Dated Oct 20 1935, (Attending physician, midwife, father, etc.)

Address Princeton

Filed Oct 26, 1935. Geo Borchard REGISTRAR

Address

Given or Christian name added from a supplemental report 19

REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 27

(No. , St.; Ward)

FULL NAME OF CHILD David Baby Stacey

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Nov Day 10 Year, 1935

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Emil Stacey	Ida B C Rick
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	30	26
BIRTHPLACE	N. Dak.	Minn
OCCUPATION	Farmer.	Housewife

Number of Child of this Mother

Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Nov 10, 1935, at 11.30 A.M.

(Signature) G R Caley

Dated Nov 15 1935, (Attending physician, midwife, father, etc.)

Address Princeton

Filed Dec 7, 1935. Geo Borchard REGISTRAR

Address Princeton Minn

Given or Christian name added from a supplemental report 19

REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 1

(No. , St.; Ward)

FULL NAME OF CHILD Baby Anderson

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
M			2	yes	Month Jan Day 25 Year, 1936

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Julius M Anderson	Celia Garret Thomson
RESIDENCE	Mille Lacs Co	Mille Lacs Co
COLOR OR RACE	W	W
AGE AT LAST BIRTHDAY (Years)	28	25
BIRTHPLACE	Mille Lacs Co	So Dak.
OCCUPATION	Farmer.	Housewife

Number of Child of this Mother 2

Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Jan 25 1936, at 6.30 M.

(Signature) G R Bloomberg

Dated 1-25 1936, (Attending physician, midwife, father, etc.)

Address Princeton Minn

Filed Feb 8, 1936. Geo Borchard REGISTRAR

Address

Given or Christian name added from a supplemental report 19

REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 2

(No. , St.; Ward)

FULL NAME OF CHILD Engbloom

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Jan 30 Day Year, 36

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Raymond Engbloom	Vivian Cockoven
RESIDENCE	Princeton	Princeton
COLOR OR RACE	W.	W
AGE AT LAST BIRTHDAY (Years)	31	31
BIRTHPLACE	Minn	Minn
OCCUPATION	Farmer	Housewife

Number of Child of this Mother

Number of Children of this Mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Jan 30 1936, at 8.40 M.

(Signature) G R Caley

Dated Feb 8 1936, (Attending physician, midwife, father, etc.)

Address

Filed Feb 8, 1936, Geo Borchard REGISTRAR

Address

Given or Christian name added from a supplemental report 19

REGISTRAR

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 3

(No. , St.; Ward)

FULL NAME OF CHILD Baby Doree — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and Number in order of Birth	Legitimate?	Date of Birth
Female		6	yes	Month Feb 25 Day Year, 1936

FATHER
FULL NAME Walter A. Doree
RESIDENCE Princeton Minn
COLOR OR RACE White
AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Minnesota
OCCUPATION Laborer.

MOTHER
FULL MAIDEN NAME Edna M Gustafson
RESIDENCE Princeton
COLOR OR RACE White
AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Minnesota
OCCUPATION Housewife

Number of Child of this Mother 6
Number of Children of this Mother now living 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on 25th Feb, 1936, at 4 A.M.

(Signature) G R Caley
Dated April 7 1936. (Attending physician, midwife, father, etc.)
Address Princeton Minn

Given or Christian name added from a supplemental report 19

Filed April 8, 1936. Geo Borchard. REGISTRAR
REGISTRAR
Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 4

(No. , St.; Ward)

FULL NAME OF CHILD Baby Gerald Hammill — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and Number in order of Birth	Legitimate?	Date of Birth
Male		6	yes	Month Feb 6 Day Year, 1936

FATHER
FULL NAME Clifford Hammill
RESIDENCE
COLOR OR RACE White
AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Minnesota
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Laura E Palfrey
RESIDENCE Princeton
COLOR OR RACE White
AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Minnesota
OCCUPATION Housewife

Number of Child of this Mother 6
Number of Children of this Mother now living 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Feb 6, 1936, at 8:30 P.M.

(Signature) G R Caley
Dated 2-10 1936. (Attending physician, midwife, father, etc.)
Address

Given or Christian name added from a supplemental report 19

Filed April 7, 1936. Geo Borchard REGISTRAR
REGISTRAR
Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No. 5

(No. , St.; Ward)

FULL NAME OF CHILD Richard O. Gustafson — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and Number in order of Birth	Legitimate?	Date of Birth
Male			yes	Month Mar Day 25 Year, 1936

FATHER
FULL NAME Oscar Gustafson
RESIDENCE Princeton Minn
COLOR OR RACE White
AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Minnesota
OCCUPATION Farmer.

MOTHER
FULL MAIDEN NAME Hazel Olivier
RESIDENCE Princeton
COLOR OR RACE White
AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Minnesota
OCCUPATION Housewife

Number of Child of this Mother one
Number of Children of this Mother now living one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Mar 25, 1936, at 5:30 P.M.

(Signature) W. R. Bloomberg
Dated Mar 26 1936. (Attending physician, midwife, father, etc.)
Address

Given or Christian name added from a supplemental report 19

Filed May 10, 1936. Geo Borchard REGISTRAR
REGISTRAR
Address Princeton Minn

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No.

(No. , St.; Ward)

FULL NAME OF CHILD Stillborn — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other?	and Number in order of Birth	Legitimate?	Date of Birth
Female			yes	Month May Day 12 Year, 1936

FATHER
FULL NAME Geo Schmuring
RESIDENCE Princeton
COLOR OR RACE White
AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Minn
OCCUPATION Farmer.

MOTHER
FULL MAIDEN NAME Clara E. Hoeger
RESIDENCE Princeton
COLOR OR RACE White
AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Iowa
OCCUPATION Housewife

Number of Child of this Mother
Number of Children of this Mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on May 12, 1936, at 4:15 P.M.

(Signature) G R Caley
Dated May 18 1936. (Attending physician, midwife, father, etc.)
Address

Given or Christian name added from a supplemental report 19

Filed July 20, 1936. Geo Borchard REGISTRAR
REGISTRAR
Address

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
RECORD OF BIRTH

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

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

FULL NAME OF CHILD Baby Grapentine (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month June Day 6 Year, 1936

	FATHER	MOTHER
FULL NAME	Ernest Grapentine	Ella M. Milbrandt
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	33	31
BIRTHPLACE	Minn	Minn
OCCUPATION	Farmer.	Housewife

Number of Child of this Mother 2 Number of Children of this Mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on June 6, 1936, at 10,45 A.M.

(Signature) J R Caley

Dated June 10 1936, (Attending physician, midwife, father, etc.)

Address

Given or Christian name added from a supplemental report 19

Filed July 10, 1936. Geo Borchard REGISTRAR

REGISTRAR Address

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
RECORD OF BIRTH

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

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

FULL NAME OF CHILD Baby Robertson (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Female				yes	Month June 2 Day Year, 1936

	FATHER	MOTHER
FULL NAME	Wayne C Robertson	Mildred M. Lindell
RESIDENCE		Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	28	31
BIRTHPLACE	Minn	Ill
OCCUPATION	Farmer	Housewife

Number of Child of this Mother Number of Children of this Mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on June 12 1936, at 6:10 P.M.

(Signature) J R Caley

Dated June 15 1936, (Attending physician, midwife, father, etc.)

Address

Given or Christian name added from a supplemental report 19

Filed July 10, 36, Geo Borchard REGISTRAR

REGISTRAR Address

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
RECORD OF BIRTH

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

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

FULL NAME OF CHILD Kenneth Ray Haefs (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male.				yes	Month June Day 6 Year, 1936

	FATHER	MOTHER
FULL NAME	Herman Haefs	Sophia Harriet Neille
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	29	26
BIRTHPLACE	Minn	So Dak
OCCUPATION	Farmer	Housewife

Number of Child of this Mother 2 Number of Children of this Mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on June 6 1936, at 4:22 P.M.

(Signature) W R Bloomberg

Dated June 6 1936 (Attending physician, midwife, father, etc.)

Address

Given or Christian name added from a supplemental report 19

Filed July 6, 1936 Geo Borchard REGISTRAR

REGISTRAR Address

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
RECORD OF BIRTH

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

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

FULL NAME OF CHILD Gerald Lee Meyers (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month July Day 17 Year, 1936.

	FATHER	MOTHER
FULL NAME	Irving H Meyers	Vivian Ethel Reynolds
RESIDENCE	Princeton	Princeton
COLOR OR RACE	W	W
AGE AT LAST BIRTHDAY (Years)	27	20
BIRTHPLACE	Minn	Minn
OCCUPATION	Laborer.	Housewife

Number of Child of this Mother 2 Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on July 17 1936, at 8:30 P.M.

(Signature) J R Caley

Dated 19, (Attending physician, midwife, father, etc.)

Address

Given or Christian name added from a supplemental report 19

Filed Aug 10, 1936. Geo Borchard REGISTRAR

REGISTRAR Address

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PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No.

(No. St.; Ward)

FULL NAME OF CHILD Gloria Gladys Stanley — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other? and Number in order of Birth	Legitimate?	Date of Birth
Female		Yes	Month aug Day 4 Year, 1936

	FATHER	MOTHER
FULL NAME	Everett A Stanley	Ella L Moldwetsch
RESIDENCE		Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	44	38
BIRTHPLACE	Minn	Minn
OCCUPATION	Laborer	Housewife

Number of Child of this Mother 10

Number of Children of this Mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on aug 4, 1936, at 7.50 P.M.

(Signature) G R Caley

Dated aug 8 1936 (Attending physician, midwife, father, etc.)

Address

Given or Christian name added from a supplemental report 19

Filed aug 8, 1936, Geo Borchard REGISTRAR

REGISTRAR

Address

159

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No.

(No. St.; Ward)

FULL NAME OF CHILD Wayne Edwin Meyers — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other? and Number in order of Birth	Legitimate?	Date of Birth
Male		yes	Month aug Day 16 Year, 1936

	FATHER	MOTHER
FULL NAME	Henry C Meyers	Martha E Bates
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	27	23
BIRTHPLACE	Minn	Princeton Minn
OCCUPATION	Farmer.	Housewife

Number of Child of this Mother 1

Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on aug 16, 1936, at 12.55 P.M.

(Signature) W. R. Bloomberg.

Dated aug 16 1936 (Attending physician, midwife, father, etc.)

Address

Given or Christian name added from a supplemental report 19

Filed aug 16, 1936, Geo Borchard REGISTRAR

REGISTRAR

Address

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No.

(No. St.; Ward)

FULL NAME OF CHILD Orville Vernon Liefarth — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other? and Number in order of Birth	Legitimate?	Date of Birth
Male		yes	Month aug Day 29 Year, 1936

	FATHER	MOTHER
FULL NAME	alfred Liefarth	Christine F. Meffer.
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	30	25
BIRTHPLACE	Minn	Minn
OCCUPATION	Laborer	Housewife

Number of Child of this Mother 2

Number of Children of this Mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on aug 29, 1936, at 10.45 P.M.

(Signature) G R Caley

Dated Sept 5 1936 (Attending physician, midwife, father, etc.)

Address Princeton

Given or Christian name added from a supplemental report 19

Filed Sept 5, 36, Geo Borchard, REGISTRAR

REGISTRAR

Address

PLACE OF BIRTH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

Registered No.

(No. St.; Ward)

FULL NAME OF CHILD Backlund — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet, or other? and Number in order of Birth	Legitimate?	Date of Birth
Female		yes	Month Oct Day 2 Year, 1936

	FATHER	MOTHER
FULL NAME	Clarence H. Backlund	Lilian E Anderson
RESIDENCE	Princeton	Princeton
COLOR OR RACE	White	White
AGE AT LAST BIRTHDAY (Years)	25	19
BIRTHPLACE	Minn	Minn
OCCUPATION	Farmer.	Housewife.

Number of Child of this Mother 1

Number of Children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Oct 2 1936, at 5 P.M.

(Signature) G R Caley

Dated Oct 5 1936 (Attending physician, midwife, father, etc.)

Address

Given or Christian name added from a supplemental report 19

Filed Nov 4, 1936 Geo Borchard, REGISTRAR

REGISTRAR

Address

160

PLACE OF BIRTH

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

County of Mille Lacs

Township of Princeton
or
Village of
or
City of

Registered No.

(No. , St.; Ward)

FULL NAME OF CHILD Daml, (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
Male				yes	Month Nov Day 6 Year, 19 36

FATHER

FULL NAME Emil Daml.

RESIDENCE Princeton

COLOR OR RACE White

AGE AT LAST BIRTHDAY 33. (Years)

BIRTHPLACE Minn

OCCUPATION Laborer.

MOTHER

FULL MAIDEN NAME Clara E. Regenold.

RESIDENCE Princeton

COLOR OR RACE White

AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Minn

OCCUPATION own home.

Number of Child of this Mother 3

Number of Children of this Mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Nov 6 1936, at 8:30 P.M.

(Signature) G. R. Caley

Dated Nov 10 1936 (Attending physician, midwife, father, etc.)

Address Princeton

Given or Christian name added from a supplemental report 19

Filed Dec 8, 1936. Geo Borchard. REGISTRAR

REGISTRAR

Address

PLACE OF BIRTH

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

RECORD OF BIRTH

County of Mille Lacs

Township of Princeton
or
Village of
or
City of

Registered No.

(No. , St.; Ward)

FULL NAME OF CHILD Dehn, (If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet, or other?	and	Number in order of Birth	Legitimate?	Date of Birth
M				yes	Month Nov Day 21 Year, 19 36

FATHER

FULL NAME Richard O Dehn

RESIDENCE Princeton Minn

COLOR OR RACE White

AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Minn

OCCUPATION Farm.

MOTHER

FULL MAIDEN NAME Susie a. Daml.

RESIDENCE Princeton

COLOR OR RACE W

AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Minn

OCCUPATION housewife

Number of Child of this Mother 1

Number of Children of this Mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child, and that it occurred on Nov 21 1936, at 2:15 A. M.

(Signature) W R Bloomberg

Dated Nov 24 1936 (Attending physician, midwife, father, etc.)

Address

Given or Christian name added from a supplemental report 19

Filed Dec 8, 36. Geo Borchard REGISTRAR

REGISTRAR

Address

DEATHS

PLACE OF DEATH

County of Mille Lacs

Township of Princeton
or
Village of
or
City of (No. , St.; Ward)

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 5

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

FULL NAME Emma L Byers

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR

DATE OF BIRTH: (Month) July | (Day) 11 | (Year) 1917

AGE ____ Years, 4 Months, 19 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country): unknown

NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION: Had none

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

(Informant) E. M. Byers

(Address) Princeton Minn.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Nov 30 | (Day) | (Year) 1917

I HEREBY CERTIFY, That I attended deceased from ____ 19__, to ____, 19__

that I last saw h__ alive on ____, 19__

and that death occurred, on the date stated above, at ____ M.

The CAUSE OF DEATH was as follows:

Viewed the body after death only
Heart failure sudden death of ~~2~~ 3 days ~~3~~ Bronchitis grippe stock no further det
Hemorrhage (Uterine) ~~Pneumonia~~ anything (DURATION) ____ DAYS

Contributory ____

(DURATION) ____ DAYS

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

12/1 1917 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: ____ 19__

UNDERTAKER: G. P. Ross | ADDRESS: Princeton Minn

Filed Dec 1 st 1917 Albert Kashfield

PLACE OF DEATH

County of Mille Lacs

Township of Princeton
or
Village of
or
City of (No. , St.; Ward)

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 6

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

FULL NAME Ralph Jensson

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR

DATE OF BIRTH: (Month) Apr | (Day) 12 | (Year) 1916

AGE ____ Years, ____ Months, ____ Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country): unknown

NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION: Had none

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

(Informant) B. John Jensson

(Address) ____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Dec 2 nd | (Day) | (Year) 1917

I HEREBY CERTIFY, That I attended deceased from Nov 15 1917, to Dec 2 nd 1917

that I last saw h__ alive on Dec 1st 1917

and that death occurred, on the date stated above, at ____ M.

The CAUSE OF DEATH was as follows:

Pneumonia following pneumonia

(DURATION) ~~2~~ 3 DAYS

Contributory Pleurisy with effusion

(DURATION) 2 weeks DAYS

(Signed) G. B. Caley M. D.

Dec 3 1917 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: Dec 3 rd 1917

UNDERTAKER: G. P. Ross | ADDRESS: Princeton

Filed Dec 3 rd 1917 Albert Kashfield

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. One

[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.]

(No. , St.; Ward)

FULL NAME Francis M. Shrode

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH (Month) Feb (Day) 15 (Year) 1853

AGE 64 Years, 11 Months, 2 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

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

BIRTHPLACE (State or country) Indiana

NAME OF FATHER J. H. Shrode

BIRTHPLACE OF FATHER (State or country) Indiana

MAIDEN NAME OF MOTHER R. J. Taylor

BIRTHPLACE OF MOTHER (State or country) Penn

OCCUPATION Farmer

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

(Informant) W. L. Shrode

(Address) Princeton Minn

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) 1 (Day) 17 (Year) 1918

I HEREBY CERTIFY, That I attended deceased from Dec 1917, to Jan 17, 1918

that I last saw him alive on Jan 10, 1918

and that death occurred, on the date stated above, at 6 P. M.

The CAUSE OF DEATH was as follows:

Senile Dementia

(DURATION) 3 mos. DAYS

Contributory

(DURATION) DAYS

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

1-17 1918 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL Princeton Minn | DATE OF BURIAL 1-20 1918

UNDERTAKER Geo P. Ross | ADDRESS Princeton

Filed 1-20 1918 Albert Kuhfield

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 2

[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.]

(No. , St.; Ward)

FULL NAME Floyd H. Hatcher

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH (Month) Sept (Day) 10 (Year) 1835

AGE 82 Years, 4 Months, 9 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widower

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

BIRTHPLACE (State or country) West Virginia

NAME OF FATHER Louis Hatcher

BIRTHPLACE OF FATHER (State or country) West Virginia

MAIDEN NAME OF MOTHER Mary Lyons

BIRTHPLACE OF MOTHER (State or country) West Virginia

OCCUPATION Farmer

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

(Informant) Geo. W. Hatcher

(Address) Princeton Minn

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) 1 (Day) 19 (Year) 1918

I HEREBY CERTIFY, That I attended deceased from Oct 1917, to Jan 19, 1918

that I last saw him alive on Dec 1917

and that death occurred, on the date stated above, at ____ M.

The CAUSE OF DEATH was as follows:

Chronic Myocarditis

(DURATION) ____ DAYS

Contributory

(DURATION) ____ DAYS

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

1/23 1918 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL Princeton Minn | DATE OF BURIAL 1-22 1918

UNDERTAKER Geo. P. Ross | ADDRESS Princeton Minn

Filed 1/21 1918 Albert Kuhfield

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 3

[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.]

(No. , St.; Ward)

FULL NAME Lucy Holland

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH (Month) Nov. (Day) 14 (Year) 1839

AGE 78 Years, 4 Months, 16 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

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

BIRTHPLACE (State or country) Michigan

NAME OF FATHER S. Hunt

BIRTHPLACE OF FATHER (State or country) unknown

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION Housewife

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

(Informant) Mrs. Harry Mott

(Address) Princeton

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) March (Day) 30 (Year) 1918

I HEREBY CERTIFY, That I attended deceased from 19__, to March 30, 1918

that I last saw her alive on March 28, 1918

and that death occurred, on the date stated above, at ____ M.

The CAUSE OF DEATH was as follows:

Mitral Heart Disease

(DURATION) ____ DAYS

Contributory

(DURATION) ____ DAYS

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

3/30 1918 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL Santiago | DATE OF BURIAL April 1 1918

UNDERTAKER Geo P. Ross | ADDRESS Princeton

Filed March 31 1918 Henry Marpe

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 4

[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.]

(No. , St.; Ward)

FULL NAME William H. Snow

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH (Month) Aug. (Day) 15 (Year) 1852

AGE 65 Years, 8 Months, ____ Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

BIRTHPLACE (State or country) Indiana

NAME OF FATHER Neuman Snow

BIRTHPLACE OF FATHER (State or country) Ohio

MAIDEN NAME OF MOTHER Jane Hurley

BIRTHPLACE OF MOTHER (State or country) Ohio

OCCUPATION Farmer

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) April (Day) 15 (Year) 1918

I HEREBY CERTIFY, That I attended deceased from 19__, to ____, 19__

that I last saw h__ alive on ____, 19__

and that death occurred, on the date stated above, at ____ M.

The CAUSE OF DEATH was as follows:

Viewed the body after death

death due to heart disease

(DURATION) ____ DAYS

Contributory

(DURATION) ____ DAYS

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

4/15 1918 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL Princeton | DATE OF BURIAL April 17 1918

UNDERTAKER Geo. P. Ross | ADDRESS Princeton

Filed April 16 1918 Henry Marpe Town Clerk

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 5

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

FULL NAME Thomas Degarlis

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH (Month) Jan | (Day) 21 | (Year) 1867

AGE 51 Years, 2 Months, 24 Days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

AGE AT MARRIAGE / NUMBER OF CHILDREN — If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) Minnesota

NAME OF FATHER Louis Degarlis

BIRTHPLACE OF FATHER (State or country) Canada

MAIDEN NAME OF MOTHER Enese Pienore

BIRTHPLACE OF MOTHER (State or country) Canada

OCCUPATION Comon Labor

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) April | (Day) 22 | (Year) 1918

I HEREBY CERTIFY, That I attended deceased from Aug. 1917, to April 22, 1918

that I last saw him alive on April 1, 1918

and that death occurred, on the date stated above, at 5 A. M.

The CAUSE OF DEATH was as follows:

Mutral Regurgistation

(DURATION) 5 years DAYS

Contributory Bronchitis

(DURATION) 5 Months DAYS

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

April 23 1918 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL Princeton | DATE OF BURIAL April 24 1918

UNDERTAKER Geo. P. Ross | ADDRESS Princeton

Filed April 24 1918 Henry Marpe Town Clerk

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 6

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

FULL NAME Baby Jensen, Stillborn

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH (Month) Aug. | (Day) 19 | (Year) 1918

AGE ____ Years, ____ Months, ____ Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

AGE AT MARRIAGE / NUMBER OF CHILDREN — If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) Mille Lacs Co Minn

NAME OF FATHER W. P. Jensen

BIRTHPLACE OF FATHER (State or country) Nebraska

MAIDEN NAME OF MOTHER Stella J Bockoven

BIRTHPLACE OF MOTHER (State or country) Minnesota

OCCUPATION —

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

(Informant) Walter P Jensen

(Address) Princeton

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Aug | (Day) 19 | (Year) 1918

I HEREBY CERTIFY, That I attended deceased from aug 19 1918, to aug 19, 1918

that I last saw h— alive on —, 19

and that death occurred, on the date stated above, at ____ M.

The CAUSE OF DEATH was as follows:

Stillborn

(DURATION) ____ DAYS

Contributory Brain Hemorrhage

(DURATION) ____ DAYS

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

aug 20 1918 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL ~~OR REMOVAL~~ Princeton Minn | DATE OF BURIAL aug 20 1918

UNDERTAKER Geo. P. Ross | ADDRESS Princeton

Filed aug 20 1918 Henry Marpe Town Clerk

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 7

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

FULL NAME Bernard Essig

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH (Month) June | (Day) 28 | (Year) 1918

AGE ____ Years, 2 Months, 11 Days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

AGE AT MARRIAGE / NUMBER OF CHILDREN — If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) Minnesota

NAME OF FATHER N. E. Essig

BIRTHPLACE OF FATHER (State or country) Illinois

MAIDEN NAME OF MOTHER Louise Webber

BIRTHPLACE OF MOTHER (State or country) Illinois

OCCUPATION None

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Sept | (Day) 8 | (Year) 1918

I HEREBY CERTIFY, That I attended deceased from 2nd Sept 1918, to 8th Sept, 1918

that I last saw him alive on 3rd Sept, 1918

and that death occurred, on the date stated above, at ____ M.

The CAUSE OF DEATH was as follows:

Enteritis

(DURATION) 14 DAYS

Contributory ____

(DURATION) ____ DAYS

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

9/9 1918 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL Villiage of Princeton | DATE OF BURIAL Sept 10 1918

UNDERTAKER Geo. P. Ross | ADDRESS Princeton

Filed Sept 9 1918 Henry Marpe

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 8

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

FULL NAME Percy L. Harter

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH (Month) Aug. | (Day) 1 | (Year) 1885

AGE 33 Years, 3 Months, ____ Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE / NUMBER OF CHILDREN — If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) Minnesota

NAME OF FATHER Wm Harter

BIRTHPLACE OF FATHER (State or country) Penn,

MAIDEN NAME OF MOTHER Emma Brown

BIRTHPLACE OF MOTHER (State or country) Minnesota

OCCUPATION Farmer

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) November | (Day) 1 | (Year) 1918

I HEREBY CERTIFY, That I attended deceased from Oct 27 1918, to Nov 1, 1918

that I last saw him alive on Nov 1, 1918

and that death occurred, on the date stated above, at 7 a. M.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(DURATION) 4 DAYS

Contributory Influenza

(DURATION) 6 DAYS

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

11/1 1918 (Address) Princeton

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

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

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

PLACE OF BURIAL OR ~~REMOVAL~~ Princeton Minn | DATE OF BURIAL Nov. 2 1918

UNDERTAKER Geo. P. Ross | ADDRESS Princeton Minn

Filed Nov 2 1918 Henry Marpe

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 9
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Ellener A Harter

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) 11 | (Day) 26 | (Year) 1903

AGE 14 Years, 11 Months, 11 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ____ children, of whom ____ are living

BIRTHPLACE (State or country) Minnesota

NAME OF FATHER Percy Harter

BIRTHPLACE OF FATHER (State or country) Minnesota

MAIDEN NAME OF MOTHER Nettie M Bullleigh

BIRTHPLACE OF MOTHER (State or country) Kansas

OCCUPATION School Girl / Farmer

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

(Informant) ____

(Address) ____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) November | (Day) 6 | (Year) 1918

I HEREBY CERTIFY, That I attended deceased from Oct 30 1918, to Nov 6, 1918
that I last saw her alive on Nov 5, 1918
and that death occurred, on the date stated above, at ____ M.
The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 5 DAYS

Contributory Influenza

(DURATION) 7 DAYS

(Signed) H. C. Cooney M. D.
11/6 1918 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn — DATE OF BURIAL: Nov 7 1918
UNDERTAKER: Geo. P. Ross — ADDRESS: Princeton
Filed Nov 7 1918 Henry Marpe

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 10
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Flossie Albright

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) Jan. | (Day) 5 | (Year) 1890

AGE 28 Years, 10 Months, 8 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ____ children, of whom ____ are living

BIRTHPLACE (State or country) Minnesota

NAME OF FATHER Jacob Ellenbaum

BIRTHPLACE OF FATHER (State or country) Penn.

MAIDEN NAME OF MOTHER Dora Donnley

BIRTHPLACE OF MOTHER (State or country) Minn

OCCUPATION Housewife

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

(Informant) ____

(Address) ____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) November | (Day) 13 | (Year) 1918

I HEREBY CERTIFY, That I attended deceased from 11 — 8 1918, to 11 — 13, 1918
that I last saw her alive on 11 — 12, 1918
and that death occurred, on the date stated above, at ____ M.
The CAUSE OF DEATH was as follows:

Broncho Pneumonia

(DURATION) 7 DAYS

Contributory Influenza

(DURATION) 10 DAYS

(Signed) H C Cooney M. D.
11/13 1918 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton — DATE OF BURIAL: 11 — 15 1918
UNDERTAKER: Geo. P. Ross — ADDRESS: Princeton
Filed Nov 14 1918 Henry Marpe

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 11
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME William H. Jopp

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) April | (Day) 17 | (Year) 1886

AGE 32 Years, 7 Months, 8 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ____ children, of whom ____ are living

BIRTHPLACE (State or country) Minnesota

NAME OF FATHER Carl Lawerence

BIRTHPLACE OF FATHER (State or country) Minnesota

MAIDEN NAME OF MOTHER Carolina Rabine

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION Farmer

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

(Informant) ____

(Address) ____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) November | (Day) 25 | (Year) 1918

I HEREBY CERTIFY, That I attended deceased from Nov 20 1918, to Nov 25, 1918
that I last saw him alive on Nov 25, 1918
and that death occurred, on the date stated above, at ____ M.
The CAUSE OF DEATH was as follows:

Broncho Pneumonia

(DURATION) 5 DAYS

Contributory Influenza

(DURATION) 9 DAYS

(Signed) H. C. Cooney M. D.
11/25 1918 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL: Township Princeton — DATE OF BURIAL: Nov 26 1918
UNDERTAKER: Geo. P. Ross — ADDRESS: Princeton
Filed Nov 26 1918 Henry Marpe

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 12
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Hannah W. Steeves

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) Oct. | (Day) 3 | (Year) 1853

AGE 65 Years, 1 Months, 25 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ____ children, of whom ____ are living

BIRTHPLACE (State or country) Maine

NAME OF FATHER John D Dibblee

BIRTHPLACE OF FATHER (State or country) New Brunswick

MAIDEN NAME OF MOTHER Phoebe Chaise

BIRTHPLACE OF MOTHER (State or country) New Brunswick

OCCUPATION Housewife

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

(Informant) ____

(Address) ____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) 11 | (Day) 28 | (Year) 1918

I HEREBY CERTIFY, That I attended deceased from May 1917, to Nov. 28, 1918
that I last saw her alive on Nov. 27, 1918
and that death occurred, on the date stated above, at 8:30 a. M.,
The CAUSE OF DEATH was as follows:

Diabetis Mellet

4 years

(DURATION) ____ DAYS

Contributory Cirrhosis Hepatis

2 years (DURATION) ____ DAYS

(Signed) G. R. Caley, M. D.
11/29 1918 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn — DATE OF BURIAL: 11 — 30 1918
UNDERTAKER: Geo. P. Ross — ADDRESS: Princeton
Filed Nov 29 1918 Henry Marpe

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 13
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Luella M. Bach

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) December | (Day) 31 | (Year) 1890

AGE 27 Years, 11 Months, Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

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

BIRTHPLACE (State or country): Wisconsin

NAME OF FATHER: Henry McCue

BIRTHPLACE OF FATHER (State or country): New York

MAIDEN NAME OF MOTHER: Delia Peterson

BIRTHPLACE OF MOTHER (State or country): New York

OCCUPATION: Housewife

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) December | (Day) 1 | (Year) 1918

I HEREBY CERTIFY, That I attended deceased from Nov. 26 1918, to Dec. 1, 1918
that I last saw her alive on Dec 1, 1918
and that death occurred, on the date stated above, at 2 P. M.
The CAUSE OF DEATH was as follows:

Bronchial Pneumonia

(DURATION) 5 DAYS

Contributory Influenza

(DURATION) 6 DAYS

(Signed) G. R. Caley M. D.
Dec 2 1918 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: 12-2 1918

UNDERTAKER: Geo. P. Ross | ADDRESS: Princeton Minn

Filed Dec 2 1918 Henry Marpe

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 1
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Ruth E. Steeves

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) Jan | (Day) 22 | (Year) 1919

AGE — Years, — Months, 24 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

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

BIRTHPLACE (State or country): Minnesota

NAME OF FATHER: A H Steeves

BIRTHPLACE OF FATHER (State or country): Minnesota

MAIDEN NAME OF MOTHER: Sarah Kuffer

BIRTHPLACE OF MOTHER (State or country): Minnesota

OCCUPATION: None

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) February | (Day) 14 | (Year) 1919

I HEREBY CERTIFY, That I attended deceased from Jan 22 1919, to Feb 14, 1919
that I last saw her alive on Jan 26, 1919
and that death occurred, on the date stated above, at 3 a M.
The CAUSE OF DEATH was as follows:

8 mo Baby

(DURATION) 28 DAYS

Contributory

(DURATION) DAYS

(Signed) G R Caley M. D.
2/15 1919 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton | DATE OF BURIAL: Feb 15 1919

UNDERTAKER: Geo P. Ross | ADDRESS: Princeton Minn

Filed Feb 17 1919 Henry Marpe

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

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.]

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX | COLOR

DATE OF BIRTH: (Month) | (Day) | (Year)

AGE Years, Months, Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

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

BIRTHPLACE (State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) | (Day) | (Year) 19

I HEREBY CERTIFY, That I attended deceased from 19, to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at M.
The CAUSE OF DEATH was as follows:

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) M. D.
19 (Address)

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

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

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

PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL: 19

UNDERTAKER | ADDRESS

Filed
19

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 2
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Edward H. A Meyer

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Feb | (Day) 15 | (Year) 1900

AGE 19 Years, 1 Months, 9 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

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

BIRTHPLACE (State or country): Minnesota

NAME OF FATHER: A. F. Meyer

BIRTHPLACE OF FATHER (State or country): Wisconsin

MAIDEN NAME OF MOTHER: Mary L. Meyers

BIRTHPLACE OF MOTHER (State or country): Wisconsin

OCCUPATION: Farming

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) March | (Day) 24 | (Year) 1919

I HEREBY CERTIFY, That I attended deceased from 3/23 1919, to 3/24, 1919
that I last saw him alive on 3/23, 1919
and that death occurred, on the date stated above, at M.
The CAUSE OF DEATH was as follows:

Luberendar Mennigitis

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) H C Cooney M. D.
3/24 1919 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Township of Princeton | DATE OF BURIAL: 3/26 1919

UNDERTAKER: Geo. P. Ross | ADDRESS: Princeton

Filed 3/25 1919 Henry Marpe

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 3

[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.]

(No. St.; Ward)

FULL NAME Sophia E. Backoven

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) Aug. | (Day) 15 | (Year) 1833

AGE 86 Years, 6 Months, 19 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ____ children, of whom ____ are living

BIRTHPLACE (State or country) Holland

NAME OF FATHER John H Brooks

BIRTHPLACE OF FATHER (State or country) Holland

MAIDEN NAME OF MOTHER Barendera Frugan

BIRTHPLACE OF MOTHER (State or country) Holland

OCCUPATION Housework

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

(Informant) Leslie Backoven

(Address) Princeton

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) April | (Day) 3 | (Year) 1919

I HEREBY CERTIFY, That I attended deceased from April 1 1919, to April 3, 1919

that I last saw her alive on April 1, 1919

and that death occurred, on the date stated above, at 9.30 A M.

The CAUSE OF DEATH was as follows:

Chronic Bngnis Amnn

(DURATION) 1 year 2 mo DAYS

Contributory Organic Heart Amnn

(DURATION) 3 yr 2 mo DAYS

(Signed) G R Caley M. D.

April 4 1919 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: April 8 1919

UNDERTAKER: Geo. P. Ross | ADDRESS: Princeton

Filed April 8 1919 Henry Marpe

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 4

[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.]

(No. St.; Ward)

FULL NAME Fred Schimming

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) October | (Day) 11 | (Year) 1869

AGE 49 Years, 8 Months, 9 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ____ children, of whom ____ are living

BIRTHPLACE (State or country) Minnesota

NAME OF FATHER Wm Schimming

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Augusta Gess

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION Farmer

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

(Informant) Mathilda Schimming

(Address) Princeton

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) June | (Day) 20 | (Year) 1919

I HEREBY CERTIFY, That I attended deceased from April 16 1919, to June 20, 1919

that I last saw him alive on June 18, 1919

and that death occurred, on the date stated above, at 2 P M.

The CAUSE OF DEATH was as follows:

Mitral Regurgitation

(DURATION) 6 mo DAYS

Contributory Erdaema of legs & Anasorca (DURATION) 1 mo. DAYS

(Signed) G R Caley M. D.

6/21 1919 (Address) Princeton minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton | DATE OF BURIAL: June 22 1919

UNDERTAKER: Geo. P. Ross | ADDRESS: Princeton

Filed 6-24 1919 Henry Marpe

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 5

[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.]

(No. St.; Ward)

FULL NAME Renata L. Neumann

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) December | (Day) 19 | (Year) 1914

AGE 4 Years, 7 Months, 24 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ____ children, of whom ____ are living

BIRTHPLACE (State or country) Minnesota

NAME OF FATHER August Neumann

BIRTHPLACE OF FATHER (State or country) Minnesota

MAIDEN NAME OF MOTHER Mary Lehlee

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION None

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

(Informant) August Neumann

(Address) Princeton Minn

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) August | (Day) 12 | (Year) 1919

I HEREBY CERTIFY, That I attended deceased from Aug. 10 1919, to Aug 12, 1919

that I last saw her alive on Aug 12, 1919

and that death occurred, on the date stated above, at 9.45 a M.

The CAUSE OF DEATH was as follows:

Diptheria (Nasal)

(DURATION) ____ DAYS

Contributory ____

(DURATION) ____ DAYS

(Signed) G R Caley M. D.

8/12 1919 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Town of Princeton | DATE OF BURIAL: 8/13 1919

UNDERTAKER: Geo. P. Ross | ADDRESS: Princeton

Filed 8/14 1919 Henry Marpe

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 6

[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.]

(No. St.; Ward)

FULL NAME Frederick A Lowell

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Aug. | (Day) 30 | (Year) 1845

AGE 74 Years, 1 Months, 23 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ____ children, of whom ____ are living

BIRTHPLACE (State or country) Maine

NAME OF FATHER S. R. Lowell

BIRTHPLACE OF FATHER (State or country) Maine

MAIDEN NAME OF MOTHER Mary A Goss

BIRTHPLACE OF MOTHER (State or country) Maine

OCCUPATION Retired Farmer

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

(Informant) Mrs F A Lowell

(Address) Princeton Minn

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) October | (Day) ~~23~~ 24 | (Year) 1919

I HEREBY CERTIFY, That I attended deceased from Oct ~~22~~ 17 1919, to Oct ~~23~~ 24 1919

that I last saw him alive on Oct ~~23~~ 24 1919

and that death occurred, on the date stated above, at 4.00 P M.

The CAUSE OF DEATH was as follows:

Lober Pneumonia

(DURATION) 14 DAYS

Contributory ____

(DURATION) ____ DAYS

(Signed) G R Caley M. D.

Oct ~~26~~ 24 1919 (Address) Princeton Minn.

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: Oct. 26 1919

UNDERTAKER: Geo. P. Ross | ADDRESS: Princeton Minn

Filed 10-27 1919 Henry Marpe Town Clerk

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 1
[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.]

(No. , St.; Ward)

FULL NAME Catherine Wilhelm

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) Dec. | (Day) 16 | (Year) 1849

AGE 70 Years, 1 Months, 3 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ____ children, of whom ____ are living

BIRTHPLACE (State or country): Germany

NAME OF FATHER: Philip Lemmer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Kutch

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION: Housewife

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

(Informant) Albert Wilhelm Sr.

(Address) Princeton

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) January | (Day) 19 | (Year) 1920

I HEREBY CERTIFY, That I attended deceased from July 4 1919, to Jan 19, 1920
that I last saw her alive on Jan 15, 1920
and that death occurred, on the date stated above, at ____ M.

The CAUSE OF DEATH was as follows:

Chronic Nephritis

(DURATION) 3 yrs. DAYS

Contributory Arterio Sclerosis

(DURATION) 5 yrs DAYS

(Signed) G. R. Caley M. D.
1-20 1920 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: 1-21 1920

UNDERTAKER: Geo. P. Ross | ADDRESS: Princeton

Filed 1-23 1920 Henry Marpe

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 2
[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.]

(No. , St.; Ward)

FULL NAME Leona Thoma

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) Sept. | (Day) 23 | (Year) 1919

AGE 4 Years, 4 Months, 21 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ____ children, of whom ____ are living

BIRTHPLACE (State or country): Minnesota

NAME OF FATHER: John J Thoma

BIRTHPLACE OF FATHER (State or country): Minnesota

MAIDEN NAME OF MOTHER: Lucy Madgett

BIRTHPLACE OF MOTHER (State or country): Minnesota

OCCUPATION: none

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

(Informant) John J Thoma

(Address) Princeton

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Feb 11 | (Day) 11 | (Year) 1920

I HEREBY CERTIFY, That I attended deceased from Feb 8 1920, to Feb 11, 1920
that I last saw her alive on Feb 11, 1920
and that death occurred, on the date stated above, at 8:30 a. M.

The CAUSE OF DEATH was as follows:

Lobular Pneumonia

(DURATION) 3 DAYS

Contributory Whooping Cough

(DURATION) 1 mo 10 DAYS

(Signed) G. R. Caley M. D.
2/12 1920 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: Feb 13 1920

UNDERTAKER: Geo. P. Ross | ADDRESS: Princeton

Filed 3/11 1920 Henry Marpe

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 3
[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.]

(No. , St.; Ward)

FULL NAME Sylvia Stanley

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) April | (Day) 29 | (Year) 1919

AGE ____ Years, 9 Months, 21 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ____ children, of whom ____ are living

BIRTHPLACE (State or country): Minnesota

NAME OF FATHER: Owen Stanley

BIRTHPLACE OF FATHER (State or country): Minnesota

MAIDEN NAME OF MOTHER: Jennie Olson

BIRTHPLACE OF MOTHER (State or country): Minnesotar

OCCUPATION: none

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Feb. | (Day) 19 | (Year) 1920

I HEREBY CERTIFY, That I attended deceased from Feb 17 1920, to Feb 19, 1920
that I last saw her alive on ____, 19____
and that death occurred, on the date stated above, at 2:30 a M.

The CAUSE OF DEATH was as follows:

Lobular Pneumonia

(DURATION) 4 DAYS

Contributory Whooping Cough

(DURATION) 1 mo. 15 DAYS

(Signed) G. R. Caley M. D.
2-19 1920 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL: Village of Princeton | DATE OF BURIAL: 2-19 1920

UNDERTAKER: Geo. P. Ross, | ADDRESS: Princeton

Filed 3-11 1920 Henry Marpe

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 4
[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.]

(No. , St.; Ward)

FULL NAME William H. Hake

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Sept. | (Day) 9 | (Year) 1854

AGE 65 Years, 5 Months, 14 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ____ children, of whom ____ are living

BIRTHPLACE (State or country): Wisconsin

NAME OF FATHER: Joseph Hake

BIRTHPLACE OF FATHER (State or country): Penn.

MAIDEN NAME OF MOTHER: Margaret Banker

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION: Farmer

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

(Informant) Mrs W. H. Hake

(Address) Princeton

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Feb | (Day) 19 | (Year) 1920

I HEREBY CERTIFY, That I attended deceased from ____ 19____, to ____, 19____
that I last saw h____ alive on ____, 19____
and that death occurred, on the date stated above, at ____ M.

The CAUSE OF DEATH was as follows:

Heart Disease

Saw him after death only

(DURATION) ____ DAYS

Contributory

(DURATION) ____ DAYS

(Signed) H. C. Cooney M. D.
2, 19 1920 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL: Village of Princeton | DATE OF BURIAL: 2 21 1920

UNDERTAKER: Geo P. Ross | ADDRESS: Princeton

Filed 3-11 1920 Henry Marpe

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 5
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Ernest M Riebe

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) April | (Day) 8 | (Year) 1920

AGE 1 Years, 10 Months, Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ____ children, of whom ____ are living

BIRTHPLACE (State or country) Minnesota

NAME OF FATHER Geo. Riebe

BIRTHPLACE OF FATHER (State or country) Minnesota

MAIDEN NAME OF MOTHER Meta Hoeft

BIRTHPLACE OF MOTHER (State or country) Minnesota

OCCUPATION

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

(Informant) Geo. Riebe

(Address) Princeton

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) May | (Day) 18 | (Year) 1920

I HEREBY CERTIFY, That I attended deceased from May 12 1920, to May 18, 1920
that I last saw him alive on May 17, 1920
and that death occurred, on the date stated above, at 6:15 a M.
The CAUSE OF DEATH was as follows:

Lobular Pneumonia

(DURATION) 6 DAYS

Contributory

(DURATION) DAYS

(Signed) G R Caley M. D.
5-19 1920 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn
DATE OF BURIAL: May 20 1920
UNDERTAKER: Geo. P. Ross
ADDRESS: Princeton Minn

Filed June 12 1920 Henry Marpe

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 6
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME William Neumann

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Aug. | (Day) 22 | (Year) 1861

AGE 58 Years, 9 Months, 25 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ____ children, of whom ____ are living

BIRTHPLACE (State or country) Minnesota

NAME OF FATHER Christ. Neumann

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Louisa Wolka

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION Farmer

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

(Informant) Mrs Wm Neuman

(Address) Princeton

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) June | (Day) 16 | (Year) 1920

I HEREBY CERTIFY, That I attended deceased from June 7 1920, to June 16, 1920
that I last saw him alive on June 15 1920
and that death occurred, on the date stated above, at 9 a M.
The CAUSE OF DEATH was as follows:

acute Nephritis

(DURATION) 14 DAYS

Contributory arteriosclerosis

(DURATION) one year DAYS

(Signed) G R Caley M. D.
6/17 1920 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL: Town of Princeton
DATE OF BURIAL: 6-18 1920
UNDERTAKER: Geo P Ross
ADDRESS: Princeton

Filed July 20 1920 Henry Marpe

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 7
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Lois E. Foote

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) July | (Day) 26 | (Year) 1919

AGE — Years, 10 Months, 24 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ____ children, of whom ____ are living

BIRTHPLACE (State or country) Minnesota

NAME OF FATHER Sidney S. Foote

BIRTHPLACE OF FATHER (State or country) Ohio

MAIDEN NAME OF MOTHER Rose E. Minks

BIRTHPLACE OF MOTHER (State or country) Minnesota

OCCUPATION None

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

(Informant) S. S. Foote

(Address) Princeton

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) June | (Day) 19 | (Year) 1920

I HEREBY CERTIFY, That I attended deceased from June 3 1920, to June 19, 1920
that I last saw her alive on June 18, 1920
and that death occurred, on the date stated above, at 7 a M.
The CAUSE OF DEATH was as follows:

Acute Lupus

(DURATION) 21 DAYS

Contributory —

(DURATION) — DAYS

(Signed) G R Caley M. D.
6/20 1920 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn
DATE OF BURIAL: 6-21 1920
UNDERTAKER: Geo P. Ross.
ADDRESS: Princeton

Filed July 20 1920 Henry Marpe

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 8
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME George E. Meyer

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Sept. | (Day) 2 | (Year) 1895

AGE 24 Years, 9 Months, 24 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ____ children, of whom ____ are living

BIRTHPLACE (State or country) Minnesota

NAME OF FATHER A. F. Meyer

BIRTHPLACE OF FATHER (State or country) Wisconsin

MAIDEN NAME OF MOTHER Mary Meyer

BIRTHPLACE OF MOTHER (State or country) Wisconsin

OCCUPATION Farmer

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

(Informant) A F Meyer

(Address) Princeton

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) June | (Day) 26 | (Year) 1920

I HEREBY CERTIFY, That I attended deceased from Feb 15 1920, to June 26, 1920
that I last saw him alive on June 24, 1920
and that death occurred, on the date stated above, at 6 a M.
The CAUSE OF DEATH was as follows:

Tubercular ~~Brain~~ Peritonitis

(DURATION) 6 Mo DAYS

Contributory

(DURATION) — DAYS

(Signed) H C Cooney M. D.
6/27 1920 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL: Town of Princeton
DATE OF BURIAL: 6-28 1920
UNDERTAKER: Geo P. Ross.
ADDRESS: Princeton

Filed July 20 1920 Henry Marpe

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 9
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Makala June Snow

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) August | (Day) 15 | (Year) 1855

AGE 65 Years, Months, 29 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country): Indiana

NAME OF FATHER: Jacob Hurley

BIRTHPLACE OF FATHER (State or country): Ohio

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION: Housework

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

(Informant) A Snow

(Address) Princeton

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Sept | (Day) 13 | (Year) 1920

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1920, to Aug 13, 1920
that I last saw her alive on Aug 13, 1920
and that death occurred, on the date stated above, at 8 P M.
The CAUSE OF DEATH was as follows:

Chronic Bronchitis

(DURATION) 3 years DAYS

Contributory ____ (DURATION) ____ DAYS

(Signed) G R Caley M. D.
9/14 1920 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: 9-15 1920

UNDERTAKER: Geo P. Ross | ADDRESS: Princeton

Filed 9-17 1920 Henry Marpe

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 10
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Josiah Mudgett

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) May | (Day) 7 | (Year) 1872

AGE 48 Years, 4 Months, 9 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country): Minnesota

NAME OF FATHER: Josiah S. Mudgett

BIRTHPLACE OF FATHER (State or country): Maine

MAIDEN NAME OF MOTHER: Miretta Northway

BIRTHPLACE OF MOTHER (State or country): Ohio

OCCUPATION: Farmer

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

(Informant) Mrs. Daisy Mudgett

(Address) Princeton Minn

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Sept | (Day) 16 | (Year) 1920

I HEREBY CERTIFY, That I attended deceased from Sept 1 1920, to Sept 16, 1920
that I last saw him alive on Sept 15, 1920
and that death occurred, on the date stated above, at 1 a M.
The CAUSE OF DEATH was as follows:

Mitral Regurgitation

(DURATION) 15 years DAYS

Contributory Acute rheumatism when a child (DURATION) ____ DAYS

(Signed) H C Cooney M. D.
9/20 1920 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton | DATE OF BURIAL: 9-17 1920

UNDERTAKER: Geo P. Ross | ADDRESS: Princeton

Filed 9-20 1920 Henry Marpe

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 11
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Ella Hoeft

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) Oct. | (Day) 22 | (Year) 1912

AGE 8 Years, — Months, — Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country): Minnesota

NAME OF FATHER: Wm Hoeft

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Schulte

BIRTHPLACE OF MOTHER (State or country): Minnesota

OCCUPATION: School girl

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

(Informant) Wm Hoeft

(Address) Princeton Minn

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Oct | (Day) 22 | (Year) 1920

I HEREBY CERTIFY, That I attended deceased from Oct 22 1920, to Oct 22, 1920
that I last saw her alive on Oct 22, 1920
and that death occurred, on the date stated above, at 10 55 P M.
The CAUSE OF DEATH was as follows:

Chronic Valvular Disease

(DURATION) ____ DAYS

Contributory ____ (DURATION) ____ DAYS

(Signed) L L Kling M. D.
10/23 1920 (Address) Milaca Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: Oct 24 1920

UNDERTAKER: Geo P. Ross | ADDRESS: Princeton

Filed Oct 27 1920 Henry Marpe

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 12
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Bertha Lark

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) Jan | (Day) 2 | (Year) 1834

AGE 85 Years, 11 Months, — Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country): Sweden

NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION: house work

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

(Informant) Hans Rust

(Address) Princeton Minn

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Dec | (Day) 2 | (Year) 1920

I HEREBY CERTIFY, That I attended deceased from Nov 29 1920, to Dec 2, 1920
that I last saw her alive on Nov 29 1920
and that death occurred, on the date stated above, at 9 00 A.M.
The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(DURATION) 4 DAYS

Contributory ____ (DURATION) ____ DAYS

(Signed) G R Caley M. D.
12/3 1920 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Wyenette Minn | DATE OF BURIAL: 12-4 1920

UNDERTAKER: G P Ross | ADDRESS: Princeton

Filed 1-12 1921 Henry Marpe

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 1
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Henry Gopp

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) September | (Day) 22 | (Year) 1844

AGE 76 Years, 4 Months, 3 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country): Germany

NAME OF FATHER: Peter Gopp

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: unKnown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION: Farmer

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

(Informant) Thos L. Armitage

(Address) Princeton Minn

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) January | (Day) 25 | (Year) 1921

I HEREBY CERTIFY, That I attended deceased from ____ 19__, to ____, 19__

that I last saw h___ alive on ____, 19__

and that death occurred, on the date stated above, at ____ M.

The CAUSE OF DEATH was as follows:

Valve Disease of Heart

aortic regurgitant

(DURATION) ____ DAYS

Contributory none

(DURATION) ____ DAYS

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

1-25 1921 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Town of Princeton | DATE OF BURIAL: 1-27 1921

UNDERTAKER: Geo P. Ross | ADDRESS: Princeton

Filed 1-29 1921 Henry Marpe

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 2
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Conrad Bender

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) May | (Day) 31 | (Year) 1858

AGE 61 Years, 9 Months, 15 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country): Germany

NAME OF FATHER: Ludwig Bender

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Maria Schaetzek

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION: unknown

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

(Informant) Mrs Kathrien Bender

(Address) Princeton Minn

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) 3 | (Day) 16 | (Year) 1921

I HEREBY CERTIFY, That I attended deceased from 5th February 1921, to 15th March, 1921

that I last saw h___ alive on 21st February, 1921

and that death occurred, on the date stated above, at 12 A M.

The CAUSE OF DEATH was as follows:

Valve disease of Hart

(DURATION) 2 years DAYS

Contributory albuminuria

(DURATION) 4 years DAYS

(Signed) Thos L Armitage M. D.

16 3rd 1921 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Village of Princeton | DATE OF BURIAL: 3-18 1921

UNDERTAKER: Geo P Ross | ADDRESS: Princeton Minn

Filed 4/13 1921 A F Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 3
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Sherman B. Foote

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Nov | (Day) 8 | (Year) 1920

AGE ____ Years, 4 Months, 9 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country): Minn

NAME OF FATHER S.S. Foote

BIRTHPLACE OF FATHER (State or country): Ohio

MAIDEN NAME OF MOTHER Rose E Minks

BIRTHPLACE OF MOTHER (State or country): Minn

OCCUPATION

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

(Informant) S.S. Foote

(Address) Princeton

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) March | (Day) 17 | (Year) 1921

I HEREBY CERTIFY, That I attended deceased from 3/15 1921, to 3/17, 1921

that I last saw h im alive on 3/17 1921

and that death occurred, on the date stated above, at 6 30 P M.

The CAUSE OF DEATH was as follows:

Convulsion

(DURATION) 18 hrs DAYS

Contributory ____

(DURATION) ____ DAYS

(Signed) H R Caley M. D.

4/1 1921 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: 3/20 1921

UNDERTAKER: Geo P Ross | ADDRESS: Princeton

Filed 4/13 1921 A F Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 4
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME William H Sellhorn

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) March | (Day) 24 | (Year) 1837

AGE 84 Years, 3 Months, 13 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country): Germany

NAME OF FATHER Peter Sellhorn

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION Unknown

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

(Informant) H C Cooney

(Address) Princeton Minn

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) July | (Day) 9 | (Year) 1921

I HEREBY CERTIFY, That I attended deceased from June 1921, to July 9, 1921

that I last saw h___ alive on ____, 19__

and that death occurred, on the date stated above, at ____ M.

The CAUSE OF DEATH was as follows:

Myocarditis

(DURATION) ____ DAYS

Contributory Senility

(DURATION) ____ DAYS

(Signed) H C Cooney M. D.

July 1921 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: July 12 1921

UNDERTAKER: Geo P Ross | ADDRESS: Princeton Minn

Filed Aug 13 1921 A F Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 5
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Carl Robert Steinbrecher

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) July | (Day) 3 | (Year) 1920

AGE 1 Years, Months, 4 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) Minnesota

NAME OF FATHER Andrew Steinbrecher

BIRTHPLACE OF FATHER (State or country) Illinois

MAIDEN NAME OF MOTHER Anna Schwengels

BIRTHPLACE OF MOTHER (State or country) Illinois

OCCUPATION Farmer

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

(Informant) G R Caley

(Address) Princeton Minn

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Aug | (Day) 4 | (Year) 1921

I HEREBY CERTIFY, That I attended deceased from Aug 5 1921, to Aug 5 1921

that I last saw h in alive on Aug 14 1921

and that death occurred, on the date stated above, at 12:50 M.

The CAUSE OF DEATH was as follows:

Pneumonia Pneumonia

(DURATION) 3 DAYS

Contributory

(DURATION) DAYS

(Signed) G R Caley M. D.

8/4 1921 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL Princeton | DATE OF BURIAL Aug 4 1921

UNDERTAKER G P Ross | ADDRESS Princeton Minn

Filed Sept 8 1921 A F Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 6
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Alvin Herald Dalchow

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Sept | (Day) 24 | (Year) 1921

AGE Years, one Months, one Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Singel

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) Princeton Minn

NAME OF FATHER Otto Dalchow

BIRTHPLACE OF FATHER (State or country) Minnesota

MAIDEN NAME OF MOTHER Wanda Hamann

BIRTHPLACE OF MOTHER (State or country) Minnesota

OCCUPATION Farmer

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

(Informant) G R Caley

(Address) Princeton Minn

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) 10 | (Day) 25 | (Year) 1921

I HEREBY CERTIFY, That I attended deceased from Sept 24 1921, to Oct 25 1921

that I last saw h in alive on Sept 24 1921

and that death occurred, on the date stated above, at 5:00 A M.

The CAUSE OF DEATH was as follows:

Convulsion

(DURATION) 31 DAYS

Contributory

(DURATION) DAYS

(Signed) G R Caley M. D.

10/25 1921 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL Princeton Township | DATE OF BURIAL 10/26 1921

UNDERTAKER Geo P Ross | ADDRESS Princeton

Filed 11/8 1921 A F Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 7181
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Still Born

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) June | (Day) 6 | (Year) 1921

AGE Years, Months, Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) Princeton Minn

NAME OF FATHER John Kirchoff

BIRTHPLACE OF FATHER (State or country) Iowa

MAIDEN NAME OF MOTHER Anna Skrivetney

BIRTHPLACE OF MOTHER (State or country) Ill

OCCUPATION Farmer

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

(Informant) John Kirchoff

(Address) Princeton Minn

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) June | (Day) 6 | (Year) 1921

I HEREBY CERTIFY, That I attended deceased from ____ 19__, to ____, 19__

that I last saw h alive on ____, 19__

and that death occurred, on the date stated above, at ____ M.

The CAUSE OF DEATH was as follows:

Still born

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) G R Caley M. D.

12/9 1921 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL Oak Knoll Princeton Minn | DATE OF BURIAL 6/7 1921

UNDERTAKER | ADDRESS

Filed 12/9 1921 A F Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 8
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Andrew Albrecht

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Jan | (Day) 26 | (Year) 1921

AGE Years, 5 Months, 0 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) Minn

NAME OF FATHER Frank Albrecht

BIRTHPLACE OF FATHER (State or country) Minn

MAIDEN NAME OF MOTHER Margret Traben

BIRTHPLACE OF MOTHER (State or country) Minn

OCCUPATION Farmer

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Nov | (Day) 26 | (Year) 1921

I HEREBY CERTIFY, That I attended deceased from Nov 25 1921, to Nov 26 1921

that I last saw h in alive on Nov 25 1921

and that death occurred, on the date stated above, at 13:05 A M.

The CAUSE OF DEATH was as follows:

Lobular Pneumonia

(DURATION) 3 Mos DAYS

Contributory

(DURATION) DAYS

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

11/26 1921 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL Princeton Minn | DATE OF BURIAL 11-28 1921

UNDERTAKER Geo P Ross | ADDRESS Princeton

Filed Jan 12 1922 A F Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 9
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Anna Skrentney

PERSONAL AND STATISTICAL PARTICULARS

SEX Femal | COLOR White

DATE OF BIRTH: (Month) July | (Day) 1 | (Year) 1869

AGE 52 Years, 5 Months, 22 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Marreid

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ____ are living

BIRTHPLACE (State or country): Germany

NAME OF FATHER: Frank Woytecki

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mahtilda Kmery

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION: House Wife

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Jan | (Day) 7 | (Year) 1922

I HEREBY CERTIFY, That I attended deceased from Dec 31 1921, to Jan 7, 1922
that I last saw h er alive on Jan 7, 1922
and that death occurred, on the date stated above, at 9 A M.

The CAUSE OF DEATH was as follows:

Mitral Stenosis

(DURATION) ____ DAYS

Contributory Bright Disease

(DURATION) ____ DAYS

(Signed) E. L. Hall M. D.
1/9 1922 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: 1/11 1922

UNDERTAKER: G P Ross | ADDRESS: Princeton Minn

Filed 2/18 1922 A. F. Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 1
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Ferdinand Benseman

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Jan | (Day) 20 | (Year) 1826

AGE 96 Years, 2 Months, 10 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ____ are living

BIRTHPLACE (State or country): Germany

NAME OF FATHER: Martin Benseman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Anna Jahn

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION: Tailor

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) March | (Day) 30 | (Year) 1922

I HEREBY CERTIFY, That I attended deceased from Mar 30th 1922, to Mar 30, 1922
that I last saw h im alive on Mar 30, 1922
and that death occurred, on the date stated above, at 7 A M.

The CAUSE OF DEATH was as follows:

Senility

(DURATION) ____ DAYS

Contributory

(DURATION) ____ DAYS

(Signed) H. C. Carney M. D.
3/31 1922 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: April 2 1922

UNDERTAKER: G P Ross | ADDRESS: Princeton

Filed 4/6 1922 A. F. Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 2
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Theodore Rosin

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Sept | (Day) 1 | (Year) 1854

AGE 67 Years, 6 Months, 24 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ____ are living

BIRTHPLACE (State or country): Germany

NAME OF FATHER: Ernest Rosin

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION: Farmer

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) March | (Day) 25 | (Year) 1922

I HEREBY CERTIFY, That I attended deceased from Mar 25 1922, to , 19
that I last saw h im alive on Mar 25, 1922
and that death occurred, on the date stated above, at 11 A M.

The CAUSE OF DEATH was as follows:

Cerebal Hemmachage

(DURATION) 3 hours DAYS

Contributory

(DURATION) ____ DAYS

(Signed) H. C. Carney M. D.
3/25 1922 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: 3/29 1922

UNDERTAKER: Geo P Ross | ADDRESS: Princeton Minn

Filed 4/6 1922 A. F. Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 3
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Gunder Alvin Levin

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Oct | (Day) 30 | (Year) 1901

AGE 20 Years, 3 Months, 11 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ____ are living

BIRTHPLACE (State or country): Minn

NAME OF FATHER: P H Levin

BIRTHPLACE OF FATHER (State or country): Sweden

MAIDEN NAME OF MOTHER: Betsy Larson

BIRTHPLACE OF MOTHER (State or country): Sweden

OCCUPATION: Farm Labor

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Feb | (Day) 21 | (Year) 1922

I HEREBY CERTIFY, That I attended deceased from Feb 8 1922, to Feb 11, 1922
that I last saw h im alive on Feb 11, 1922
and that death occurred, on the date stated above, at ____ M.

The CAUSE OF DEATH was as follows:

Scarlet Feror

(DURATION) 4 DAYS

Contributory Acigain Heart trouble

(DURATION) 10 yrs DAYS

(Signed) G. K. Caley M. D.
Mar 12 1922 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: 2-13 1922

UNDERTAKER: G P Ross | ADDRESS: Princeton Minn

Filed 4/6 1922 A. F. Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 4
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Martha H Wichelm

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) Jan | (Day) 4 | (Year) 1889

AGE 33 Years, Months, Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

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

BIRTHPLACE (State or country) Germany

NAME OF FATHER Aug Seibert

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Minnie Kraft

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION House Wife

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

(Informant) John Wilhelm

(Address) Princeton

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Mar | (Day) 4 | (Year) 1922

I HEREBY CERTIFY, That I attended deceased from Sept 10 1921, to Mar 4, 1922

that I last saw h er alive on Feb 20 1922

and that death occurred, on the date stated above, at 11:50 a M.

The CAUSE OF DEATH was as follows:

Carcinoma of Stomach

(DURATION) 1 year 2 m DAYS

Contributory

(DURATION) DAYS

(Signed) G R Caley M. D.

3/14 1922 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: 3/17 1922

UNDERTAKER: Geo P Ross | ADDRESS: Princeton Minn

Filed 4/6 1922 A F Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 5
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Still Born

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~Male~~ Female | COLOR White

DATE OF BIRTH: (Month) April | (Day) 7 | (Year) 1922

AGE Years, Months, Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

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

BIRTHPLACE (State or country) Princeton Minn

NAME OF FATHER John Olson

BIRTHPLACE OF FATHER (State or country) Minnesota

MAIDEN NAME OF MOTHER Amelia Ax

BIRTHPLACE OF MOTHER (State or country) Sweden

OCCUPATION Housewife

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) April | (Day) 7 | (Year) 1922

I HEREBY CERTIFY, That I attended deceased from 19 , to , 19

that I last saw h alive on , 19

and that death occurred, on the date stated above, at M.

The CAUSE OF DEATH was as follows:

Still Born

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) G R Caley M. D.

April 20 1922 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Burry cemetary | DATE OF BURIAL: April 8 1922

UNDERTAKER | ADDRESS

Filed April 20 1922 A F Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 6
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Charles Bandemer

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Dec | (Day) 23 | (Year) 1841

AGE 80 Years, 3 Months, 23 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

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

BIRTHPLACE (State or country) Germany

NAME OF FATHER don't Know

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION Farmer

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) April | (Day) 15 | (Year) 1922

I HEREBY CERTIFY, That I attended deceased from Dec 1 1921, to April 15, 1922

that I last saw h im alive on April 15, 1922

and that death occurred, on the date stated above, at 10 12 M.

The CAUSE OF DEATH was as follows:

Pulmonary Interpulasis Chronics

(DURATION) 20 y 12 DAYS

Contributory

(DURATION) DAYS

(Signed) E L Hall M. D.

4/16 1922 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: 4-19 1922

UNDERTAKER: G P Ross | ADDRESS: Princeton Minn

Filed 6/10 1922 A F Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 7
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Willis Dausser

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) Dec | (Day) 20 | (Year) 1877

AGE 44 Years, 4 Months, 25 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

BIRTHPLACE (State or country) Missouri

NAME OF FATHER Robat Shaw

BIRTHPLACE OF FATHER (State or country) Illinois

MAIDEN NAME OF MOTHER Ada Cook

BIRTHPLACE OF MOTHER (State or country) Wis

OCCUPATION Housewife

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) May | (Day) 15 | (Year) 1922

I HEREBY CERTIFY, That I attended deceased from 19 22, to , 19 22

that I last saw h er alive on , 19

and that death occurred, on the date stated above, at M.

The CAUSE OF DEATH was as follows:

Chronic Myocarditis

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) H C Cooney M. D.

19 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: 5-17 1922

UNDERTAKER: G P Ross | ADDRESS: Princeton Minn

Filed 6/10 1922 A F Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 8

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

(No. , St.; Ward)

FULL NAME Henry Fredn Pappenhausen

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Dec | (Day) 15 | (Year) 1846

AGE 76 Years, 6 Months, 19 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country): Germany

NAME OF FATHER

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION: Farmer

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

(Informant) Mrs Saphira Weiss

(Address) Princeton Minn

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) July | (Day) 4 | (Year) 1922

I HEREBY CERTIFY, That I attended deceased from July 1 1922, to July 4, 1922

that I last saw h im alive on July 1, 1922

and that death occurred, on the date stated above, at ____ M.

The CAUSE OF DEATH was as follows:

Heart Decease

(DURATION) ____ DAYS

Contributory Senility

(DURATION) ____ DAYS

(Signed) H C Cooney M. D.

1922 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: 7-8 1922

UNDERTAKER: Geo P Ross | ADDRESS: Princeton Minn

Filed Aug 16 1922 A F Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 9

[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.]

(No. , St.; Ward)

FULL NAME Carl Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Aug | (Day) 16 | (Year) 1840

AGE 81 Years, 11 Months, 3 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country): Sweden

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) July | (Day) 19 | (Year) 1922

I HEREBY CERTIFY, That I attended deceased from July 18 1922, to July 18, 1922

that I last saw h im alive on July 18, 1922

and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH was as follows:

Arteria Sclerosis

(DURATION) 20 yrs DAYS

Contributory Bronchitis

(DURATION) 2 DAYS

(Signed) E. L. Hall M. D.

7-19 1922 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: 7-21 1922

UNDERTAKER: Geo P Ross | ADDRESS: Princeton Minn

Filed Aug 16 1922 A F Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 10

[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.]

(No. , St.; Ward)

FULL NAME Clara Horstman

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) Jan | (Day) 19 | (Year) 1859

AGE 63 Years, 5 Months, 25 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country): Germany

NAME OF FATHER Carl Pepin

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION: Housewife

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) July | (Day) 14 | (Year) 1922

I HEREBY CERTIFY, That I attended deceased from July 7 1922, to July 14, 1922

that I last saw h er alive on July 14, 1922

and that death occurred, on the date stated above, at 7:30 M.

The CAUSE OF DEATH was as follows:

Deabetes

(DURATION) 10 years DAYS

Contributory

(DURATION) ____ DAYS

(Signed) E L Hall M. D.

7-14 1922 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: 7-18 1922

UNDERTAKER: Geo P Ross | ADDRESS: Princeton Minn

Filed Aug 16 1922 A F Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 11

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

(No. , St.; Ward)

FULL NAME William T Tiekis

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Feb | (Day) 8 | (Year) 1848

AGE 74 Years, 5 Months, 29 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country): Ohio

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER

"

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION: Mason

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) August | (Day) 6 | (Year) 1922

I HEREBY CERTIFY, That I attended deceased from Dec 19, 1921, to Aug 6, 1922

that I last saw h im alive on July 6, 1922

and that death occurred, on the date stated above, at 9:00 AM.

The CAUSE OF DEATH was as follows:

Cerigenin Hart decease

(DURATION) 15 yrs DAYS

Contributory

(DURATION) ____ DAYS

(Signed) G K Caley M. D.

8/8 1922 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: 8/8 1922

UNDERTAKER: Geo P Ross | ADDRESS: Princeton Minn

Filed Sept 16 1922 A F Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 13
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Leo Peters

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Oct | (Day) 18 | (Year) 1852

AGE 69 Years, 10 Months, 15 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ____ children, of whom ____ are living

BIRTHPLACE (State or country) Germany

NAME OF FATHER Mr. Peters

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION Retired Farmer

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Sept | (Day) 3 | (Year) 1922

I HEREBY CERTIFY, That I attended deceased from Aug 1 1921, to Sept 3, 1922
that I last saw h im alive on Sept 3 1922
and that death occurred, on the date stated above, at 10 P M.
The CAUSE OF DEATH was as follows:

Coronoma of Rus Which

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) G K Caley M. D.
9/14 1922 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL Princeton Minn | DATE OF BURIAL 9/6 1922

UNDERTAKER Geo P Ross | ADDRESS Princeton

Filed Oct 7 1922 A F Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 13
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Emel Stay

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) July | (Day) 18 | (Year) 1900

AGE 22 Years, 1 Months, 16 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ____ children, of whom ____ are living

BIRTHPLACE (State or country) Minnesota

NAME OF FATHER Hans Stay

BIRTHPLACE OF FATHER (State or country) Norway

MAIDEN NAME OF MOTHER Pagnel Hansen

BIRTHPLACE OF MOTHER (State or country) Norway

OCCUPATION Farmer

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

(Informant) Hans Stay

(Address) Princeton Minn

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Sept | (Day) 3 | (Year) 1922

I HEREBY CERTIFY, That I attended deceased from ____ 19____, to ____, 19____
that I last saw h ____ alive on ____ 19____
and that death occurred, on the date stated above, at 12 30 P M.
The CAUSE OF DEATH was as follows:

Killed when Auto Tipped over

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) G R Caley M. D.
9/3 1922 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL Greenbush Minn | DATE OF BURIAL 9/6 1922

UNDERTAKER G P Ross | ADDRESS Princeton

Filed Oct 7 1922 A F Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 14
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Sarah Bedford

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) May | (Day) 3 | (Year) 1837

AGE 85 Years, 5 Months, 18 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ____ children, of whom ____ are living

BIRTHPLACE (State or country) England

NAME OF FATHER James Gratley

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Oct | (Day) 21 | (Year) 1922

I HEREBY CERTIFY, That I attended deceased from Oct 18 1922, to Oct 21, 1922
that I last saw h er alive on Oct 18 1922
and that death occurred, on the date stated above, at 5 40 P M.
The CAUSE OF DEATH was as follows:

Senility

Contributory Chronica Rheumatism (DURATION) 6 yrs DAYS

(Signed) G K Caley M. D.
10/22 1922 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL Princeton Minn | DATE OF BURIAL 10/24 1922

UNDERTAKER Geo P Ross | ADDRESS Princeton Minn

Filed Nov 13 1922 A F Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 15
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Harald Dejeards

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Oct | (Day) 6 | (Year) 1922

AGE 2 Years, 2 Months, 24 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ____ children, of whom ____ are living

BIRTHPLACE (State or country) Minn

NAME OF FATHER Napoleon Dejeards

BIRTHPLACE OF FATHER (State or country) Minn

MAIDEN NAME OF MOTHER Susana P Stenglein

BIRTHPLACE OF MOTHER (State or country) Minn

OCCUPATION Laborer

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Dec | (Day) 30 | (Year) 1922

I HEREBY CERTIFY, That I attended deceased from Dec 27 1922, to Dec 30, 1922
that I last saw h im alive on Dec 29 1922
and that death occurred, on the date stated above, at 2 P. M.
The CAUSE OF DEATH was as follows:

Intestinal Pneumonia

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) G K Caley M. D.
12/31 1922 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL Princeton Minn | DATE OF BURIAL 12-31 1922

UNDERTAKER G P Ross | ADDRESS Princeton Minn

Filed 1/13 1923 A F Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 1

[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.]

(No. , St.; Ward)

FULL NAME Deborah A. Pinkham

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) March | (Day) 4 | (Year) 1834

AGE 88 Years, 10 Months, 3 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ____ are living

BIRTHPLACE (State or country) Ohio

NAME OF FATHER Richard P. Veal

BIRTHPLACE OF FATHER (State or country) New Jersey

MAIDEN NAME OF MOTHER Elsie Centner

BIRTHPLACE OF MOTHER (State or country) Ohio

OCCUPATION

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Jan | (Day) 7 | (Year) 1923

I HEREBY CERTIFY, That I attended deceased from 1900, to 1-7, 1923

that I last saw h[er] alive on Nov, 1923

and that death occurred, on the date stated above, at ____ M.

The CAUSE OF DEATH was as follows:

Senility

(DURATION) ____ DAYS

Contributory

(DURATION) ____ DAYS

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

19__ (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: 1-9 1923

UNDERTAKER: G P Ross | ADDRESS: Princeton Minn

Filed Feb 17 1923 A F Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 2

[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.]

(No. , St.; Ward)

FULL NAME Jean Miller

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) Dec | (Day) 8th | (Year) 1921

AGE 1 Year, 2 Months, 19 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ____ are living

BIRTHPLACE (State or country) Minnesota

NAME OF FATHER Lee Miller

BIRTHPLACE OF FATHER (State or country) Minnesota

MAIDEN NAME OF MOTHER Nancy Sartell

BIRTHPLACE OF MOTHER (State or country) Minnesota

OCCUPATION House Wife

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Feb | (Day) 27 | (Year) 1923

I HEREBY CERTIFY, That I attended deceased from Nov 22 1922, to Feb 27, 1923

that I last saw h[er] alive on Feb 20, 1923

and that death occurred, on the date stated above, at 2:00 A M.

The CAUSE OF DEATH was as follows:

Tubular Pneumonia

(DURATION) ____ DAYS

Contributory Whooping Cough

(DURATION) 2 yrs mos DAYS

(Signed) G R Caley M. D.

3/13 1923 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: 2/28 1923

UNDERTAKER: Geo P Ross | ADDRESS: Princeton Minn

Filed 3/13 1923 A F Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 3

[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.]

(No. , St.; Ward)

FULL NAME Mayme Kirchoff

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) 10 | (Day) 27 | (Year) 1883

AGE 39 Years, 5 Months, 23 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ____ are living

BIRTHPLACE (State or country) Iowa

NAME OF FATHER Clemens Kirchoff

BIRTHPLACE OF FATHER (State or country) Iowa

MAIDEN NAME OF MOTHER Mary Naber

BIRTHPLACE OF MOTHER (State or country) Iowa

OCCUPATION House Work

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) April | (Day) 20 | (Year) 1923

I HEREBY CERTIFY, That I attended deceased from April 15 1923, to April 20, 1923

that I last saw h[er] alive on April 20, 1923

and that death occurred, on the date stated above, at 11 A M.

The CAUSE OF DEATH was as follows:

Inflammatory Rheumatism

(DURATION) 6 mos DAYS

Contributory

(DURATION) ____ DAYS

(Signed) E. L. Hall M. D.

4/23 1923 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: 4/23 1923

UNDERTAKER: G P Ross | ADDRESS: Princeton Minn

Filed May 14 1923 A F Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 4

[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.]

(No. , St.; Ward)

FULL NAME Dorothy Bach

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) Oct | (Day) 7 | (Year) 1906

AGE 16 Years, 6 Months, 12 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ____ are living

BIRTHPLACE (State or country) Minn

NAME OF FATHER Fred Bach

BIRTHPLACE OF FATHER (State or country) Minn

MAIDEN NAME OF MOTHER Luella McCue

BIRTHPLACE OF MOTHER (State or country) Wisconsin

OCCUPATION House Work

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) April | (Day) 19 | (Year) 1923

I HEREBY CERTIFY, That I attended deceased from 19__, to ____, 19__

that I last saw h[er] alive on ____, 19__

and that death occurred, on the date stated above, at ____ M.

The CAUSE OF DEATH was as follows:

Accidental Death by Auto Mobile Wreck

(DURATION) ____ DAYS

Contributory

(DURATION) ____ DAYS

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

5/13 1923 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: 4/20 1923

UNDERTAKER: G P Ross | ADDRESS: Princeton Minn

Filed 5/14 1923 A F Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 5
[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.]

(No. , St.; Ward)

FULL NAME Rodney R Young

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Dec | (Day) 10 | (Year) 1900

AGE 22 Years, 4 Months, 9 Days

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ____ are living

BIRTHPLACE (State or country) Minn

NAME OF FATHER Fred Young

BIRTHPLACE OF FATHER (State or country) Minn

MAIDEN NAME OF MOTHER Bell Leach

BIRTHPLACE OF MOTHER (State or country) Wisconsin

OCCUPATION

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) April | (Day) 19 | (Year) 1923

I HEREBY CERTIFY, That I attended deceased from ____ 19__, to ____, 19__
that I last saw h__ alive on ____, 19__
and that death occurred, on the date stated above, at ____ M.
The CAUSE OF DEATH was as follows:

Accidental death
by Auto Mobile Wreck

(DURATION) ____ DAYS

Contributory

(DURATION) ____ DAYS

(Signed) H. C. Cooney M. D.
5/13 1923 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: April 21 1923
UNDERTAKER: G P Ross | ADDRESS: Princeton Minn
Filed 5/14 1923 A F Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 6
[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.]

(No. , St.; Ward)

FULL NAME Laura A Henschel

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) Dec | (Day) 11 | (Year) 1898

AGE 24 Years, 4 Months, 25 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ____ are living

BIRTHPLACE (State or country) Minn

NAME OF FATHER Peter J Henschel

BIRTHPLACE OF FATHER (State or country) Princeton Minn

MAIDEN NAME OF MOTHER Ottilie A Hoeft

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION

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

(Informant) Peter J Henschel

(Address) Princeton Minn

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) May | (Day) 6 | (Year) 1923

I HEREBY CERTIFY, That I attended deceased from 1920 1923, to May 6, 1923
that I last saw h__ alive on ____, 19__
and that death occurred, on the date stated above, at ____ M.
The CAUSE OF DEATH was as follows:

T B Lung

(DURATION) ____ DAYS

Contributory

(DURATION) ____ DAYS

(Signed) H C Cooney M. D.
7/7 1923 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Village of Princeton | DATE OF BURIAL: 5/8 1923
UNDERTAKER: G P Ross | ADDRESS: Princeton Minn
Filed 7/10 1923 A F Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 193
[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.]

(No. , St.; Ward)

FULL NAME Mabel Lentz

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) June | (Day) 27 | (Year) 1919

AGE 4 Years, 7 Months, 3 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ____ are living

BIRTHPLACE (State or country) Minnesota

NAME OF FATHER Benjiman Lentz

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Hulda Bandemer

BIRTHPLACE OF MOTHER (State or country) Illinois

OCCUPATION Had None

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) June | (Day) 30 | (Year) 1923

I HEREBY CERTIFY, That I attended deceased from June 15 1923, to June 30, 1923
that I last saw h__ alive on June 30, 1923
and that death occurred, on the date stated above, at 9 P M.
The CAUSE OF DEATH was as follows:

Bronchial Pneumonia

(DURATION) 8 Hrs DAYS

Contributory Hoping Cough

(DURATION) ____ DAYS

(Signed) E. L Hall M. D.
6/30 1923 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: July 3rd 1923
UNDERTAKER: G P Ross | ADDRESS: Princeton Minn
Filed July 16 1923 A F Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 8
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

(No. , St.; Ward)

FULL NAME Mary Balhorst

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) Nov | (Day) 1 | (Year) 1838

AGE 84 Years, 7 Months, 21 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ____ are living

BIRTHPLACE (State or country) Germany

NAME OF FATHER Wm Balhorst

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION Home Work

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) June | (Day) 22 | (Year) 1923

I HEREBY CERTIFY, That I attended deceased from May 15 1923, to June 22, 1923
that I last saw h__ alive on June 18, 1923
and that death occurred, on the date stated above, at 9-00 M.
The CAUSE OF DEATH was as follows:

Senility

(DURATION) ____ DAYS

Contributory

(DURATION) ____ DAYS

(Signed) G R. Daly M. D.
6/23 1923 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Township of Princeton | DATE OF BURIAL: June 25 1923
UNDERTAKER: G P Ross | ADDRESS: Princeton Minn
Filed 7/16 1923 A F Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 9
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Gilberts

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~Male~~ Female | COLOR White

DATE OF BIRTH: (Month) Aug | (Day) 12 | (Year) 1923

AGE ____ Years, ____ Months, ____ Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Still Born

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country): Princeton Minn

NAME OF FATHER: Leonard Gilberts

BIRTHPLACE OF FATHER (State or country): Minn

MAIDEN NAME OF MOTHER: Emma Hafft

BIRTHPLACE OF MOTHER (State or country): Minn

OCCUPATION: Farmer

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

(Informant) ____

(Address) ____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Aug | (Day) 12 | (Year) 1923

I HEREBY CERTIFY, That I attended deceased from ____ 19__, to ____, 19__

that I last saw h__ alive on ____, 19__

and that death occurred, on the date stated above, at ____ M.

The CAUSE OF DEATH was as follows:

Still born

(DURATION) ____ DAYS

Contributory ____

(DURATION) ____ DAYS

(Signed) E L Hall M. D.

Aug 13 1923 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: 8/13 1923

UNDERTAKER: G P Ross | ADDRESS: Princeton Minn

Filed Aug 17 1923 A F Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 10
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Baby Young

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH: (Month) Dec | (Day) 2 | (Year) 1923

AGE ____ Years, ____ Months, ____ Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country): Minn

NAME OF FATHER: Alvin Young

BIRTHPLACE OF FATHER (State or country): Iowa

MAIDEN NAME OF MOTHER: Beulah Steeves

BIRTHPLACE OF MOTHER (State or country): Minn

OCCUPATION: Still Born

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

(Informant) ____

(Address) ____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Dec | (Day) 2 | (Year) 1923

I HEREBY CERTIFY, That I attended deceased from ____ 19__, to ____, 19__

that I last saw h__ alive on ____, 19__

and that death occurred, on the date stated above, at ____ M.

The CAUSE OF DEATH was as follows:

Still Born

(DURATION) ____ DAYS

Contributory ____

(DURATION) ____ DAYS

(Signed) G R Caley M. D.

19__ (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton | DATE OF BURIAL: Dec 2 1923

UNDERTAKER: G. P. Ross | ADDRESS: Princeton Minn

Filed 5/13 1924 A F Meyer

195

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 11
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Theodore Erick Edwald Strauch

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH: (Month) May | (Day) 14 | (Year) 1924

AGE ____ Years, ____ Months, ____ Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION

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

(Informant) ____

(Address) ____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) ____ | (Day) ____ | (Year) 19__

I HEREBY CERTIFY, That I attended deceased from ____ 19__, to ____, 19__

that I last saw h__ alive on ____, 19__

and that death occurred, on the date stated above, at ____ M.

The CAUSE OF DEATH was as follows:

(DURATION) ____ DAYS

Contributory ____

(DURATION) ____ DAYS

(Signed) ____ M. D.

19__ (Address) ____

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

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

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

PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL: 19__

UNDERTAKER | ADDRESS

Filed 19__

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 1
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Baby Anderson

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) July | (Day) 31 | (Year) 1924

AGE ____ Years, ____ Months, ____ Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country): Long Siding

NAME OF FATHER: Harris F. Anderson

BIRTHPLACE OF FATHER (State or country): Mille Lacs Co Minn

MAIDEN NAME OF MOTHER: Aline Edna Engman

BIRTHPLACE OF MOTHER (State or country): Mille Lacs Co Minn

OCCUPATION

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

(Informant) ____

(Address) ____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) July | (Day) 31 | (Year) 1924

I HEREBY CERTIFY, That I attended deceased from July 31 1924, to July 31, 1924

that I last saw h__ alive on ____, 19__

and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH was as follows:

Born Dead

(DURATION) ____ DAYS

Contributory ____

(DURATION) ____ DAYS

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

7/31 1924 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Greenbush Mille Lacs county | DATE OF BURIAL: Aug 1 1924

UNDERTAKER | ADDRESS

Filed 8/19 1924 A. F. Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 2

[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.]

(No. , St.; Ward)

FULL NAME Francis Marion Sandusky

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Aug | (Day) 13 | (Year) 1856

AGE 68 Years, 0 Months, 9 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country): Morgantown West Virginia

NAME OF FATHER: Joseph Sandusky

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Rebecca Garlow

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION: Farmer

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

(Informant) Mrs Lena Sandusky

(Address) Elk River Minn

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Aug | (Day) 22 | (Year) 1924

I HEREBY CERTIFY, That I attended deceased from May 1924, to Aug 22, 1924

that I last saw h im alive on Aug 10, 1924

and that death occurred, on the date stated above, at ____ M.

The CAUSE OF DEATH was as follows:

Chronic Myocarditis

(DURATION) ____ DAYS

Contributory ____

(DURATION) ____ DAYS

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

Aug 22 1924 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Elk River | DATE OF BURIAL: 8-25 1924

UNDERTAKER: R E Dare | ADDRESS: Elk River

Filed Sept 12 1924 A F Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 3

[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.]

(No. , St.; Ward)

FULL NAME Edward Middelmack

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Jan | (Day) 12 | (Year) 1858

AGE 66 Years, 8 Months, 5 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country): Germany

NAME OF FATHER: Christopel Middelmack

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Minnie Smith

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION: Farmer

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

(Informant) ____

(Address) ____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Sept | (Day) 17 | (Year) 1924

I HEREBY CERTIFY, That I attended deceased from July 1924, to Sept 17, 1924

that I last saw h im alive on Sept 17, 1924

and that death occurred, on the date stated above, at 2 P. M.

The CAUSE OF DEATH was as follows:

Nephritis

Chronic interstitial

(DURATION) ____ DAYS

Contributory ____

(DURATION) ____ DAYS

(Signed) E. L. Hall M. D.

9/18 1924 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Village | DATE OF BURIAL: 9-19 1924

UNDERTAKER: G P Ross | ADDRESS: Princeton Minn

Filed Oct 8 1924 A. F. Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 197

[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.]

(No. , St.; Ward)

FULL NAME Anton Falk

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) April | (Day) 22 | (Year) 1861

AGE 63 Years, 6 Months, 12 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country): Germany

NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION: Farmer

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

(Informant) ____

(Address) ____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Nov | (Day) 3 | (Year) 1924

I HEREBY CERTIFY, That I attended deceased from May 1 1924, to Nov 3, 1924

that I last saw h im alive on Nov 3, 1924

and that death occurred, on the date stated above, at 11 P. M.

The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) ____ DAYS

Contributory Acute Hemorrage

(DURATION) ____ DAYS

(Signed) E. L. Hall M. D.

11/3 1924 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Township of Princeton | DATE OF BURIAL: 11/7th 1924

UNDERTAKER: Geo P Ross | ADDRESS: Princeton Minn

Filed 12/5 1924 A. F. Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 1

[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.]

(No. , St.; Ward)

FULL NAME Paul Kruger

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Mar | (Day) 28 | (Year) 1862

AGE 62 Years, 9 Months, 5 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country): Germany

NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION: Common Laber

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

(Informant) Herman Markgraf

(Address) Princeton Minn

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Jan | (Day) 2 | (Year) 1925

I HEREBY CERTIFY, That I attended deceased from Jan 1924, to Jan 2, 1925

that I last saw h im alive on Jan 2, 1925

and that death occurred, on the date stated above, at 11 A M.

The CAUSE OF DEATH was as follows:

Nephritis

Chronic Interstitial

(DURATION) ____ DAYS

Contributory Dropsy

(DURATION) ____ DAYS

(Signed) E. L. Hall M. D.

1/3 1925 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL: Village of Princeton | DATE OF BURIAL: Jan 3rd 1925

UNDERTAKER: G P Ross | ADDRESS: Princeton Minn

Filed 2/7 1925 A. F. Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 2
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Leona May Gustafson

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) Oct 17 | (Day) 7 | (Year) 1874

AGE 51 Years, 5 Months, 7 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country): Iowa

NAME OF FATHER: J. C. Burdick

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Emmalia Wright

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION:

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

(Informant) C. B. Gustafson

(Address) Princeton Minn

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) March 3 | (Day) 24 | (Year) 1925

I HEREBY CERTIFY, That I attended deceased from Dec 22 1924, to March 23, 1925

that I last saw h alive on March 23 1925

and that death occurred, on the date stated above, at 11:45 P.M.

The CAUSE OF DEATH was as follows:

Hemmorgis of Stomins

(DURATION) 4 mo DAYS

Contributory (DURATION) DAYS

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

3/26 1925 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Sycamore Dell | DATE OF BURIAL: 3-27 1925

UNDERTAKER: G. P. Ross | ADDRESS: Princeton Minn

Filed 4/11 1925 A. F. Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 4
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Valentine Sauser

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Feb | (Day) 14 | (Year) 1870

AGE 55 Years, 2 Months, 1 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country): Minn

NAME OF FATHER: Jacob Sauser

BIRTHPLACE OF FATHER (State or country): Penn

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION: Farmer

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) April | (Day) 15 | (Year) 1925

I HEREBY CERTIFY, That I attended deceased from ____ 19__, to ____, 19__

that I last saw h alive on ____, 19__

and that death occurred, on the date stated above, at ____ M.

The CAUSE OF DEATH was as follows:

Accidental Death by Gun Shot

(DURATION) DAYS

Contributory Found body after Death Only (DURATION) DAYS

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

4/15 1925 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: 4/17 1925

UNDERTAKER: Geo P Ross | ADDRESS: Princeton Minn

Filed 5/11 1925 A. F. Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 3
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Mary Norling

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) Jan | (Day) 2 | (Year) 1859

AGE 66 Years, 3 Months, 7 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country): Sweden

NAME OF FATHER: Nels Berg

BIRTHPLACE OF FATHER (State or country): Sweden

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Sweden

OCCUPATION: House Work

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

(Informant) John Norling

(Address) Princeton

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) April | (Day) 9 | (Year) 1925

I HEREBY CERTIFY, That I attended deceased from April 1 1925, to April 9, 1925

that I last saw h alive on April 9, 1925

and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH was as follows:

Hemorchage

(DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) E. L. Hall M. D.

4/9 1925 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL: Township of Wyanet | DATE OF BURIAL: 4/13 1925

UNDERTAKER: G P Ross | ADDRESS: Princeton Minn

Filed 5/11 1925 A. F. Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 5
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Emma L Kaliher

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) Feb | (Day) 20 | (Year) 1863

AGE 62 Years, 7 Months, 14 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country): Sweden

NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION: Housewife

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Oct | (Day) 4 | (Year) 1925

I HEREBY CERTIFY, That I attended deceased from ____ 19__, to ____, 19__

that I last saw h alive on ____, 19__

and that death occurred, on the date stated above, at ____ M.

The CAUSE OF DEATH was as follows:

Aortic Stenosis Saw body after death

(DURATION) DAYS

Contributory (DURATION) DAYS

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

11/11 1925 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: 10/6 1925

UNDERTAKER: G. P. Ross | ADDRESS: Princeton Minn

Filed 11/11 1925 A. F. Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 6
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Sabon Saul Sanford

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH: (Month) Aug | (Day) 1 | (Year) 1842

AGE 83 Years, 2 Months, 18 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ____ children, of whom ____ are living

BIRTHPLACE (State or country) New York

NAME OF FATHER Sabon Saul Sanford

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Esther Mitchel

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION Farmer

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Oct | (Day) 19 | (Year) 1925

I HEREBY CERTIFY, That I attended deceased from May, 1925, to Oct 19, 1925
that I last saw him alive on , 19
and that death occurred, on the date stated above, at M.
The CAUSE OF DEATH was as follows:

Mitral
regurgitation

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) H C Cooney M. D.
11/11 1925 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: 19

UNDERTAKER: G P Ross | ADDRESS: Princeton Minn

Filed 11/11 1925 A. F. Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 7
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Baby Palsfuss

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH: (Month) Oct | (Day) 17 | (Year) 1925

AGE Years, Months, 10 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ____ children, of whom ____ are living

BIRTHPLACE (State or country) Mille Lacs Co

NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Esther Palsfuss

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION Housewife

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Oct | (Day) 27 | (Year) 1925

I HEREBY CERTIFY, That I attended deceased from Oct 17, 1925, to Oct 27, 1925
that I last saw h alive on Oct 27, 1925
and that death occurred, on the date stated above, at 1 P M.
The CAUSE OF DEATH was as follows:

Lack of Vitality
7 Months Baby

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) E L Hall M. D.
10/27 1925 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: 10/28 1925

UNDERTAKER: G P Ross | ADDRESS: Princeton Minn

Filed 11/11 1925 A. F. Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 8
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Albin J Rosin

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) July | (Day) 31 | (Year) 1888

AGE 37 Years, 4 Months, Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ____ children, of whom ____ are living

BIRTHPLACE (State or country) Minnesota

NAME OF FATHER Theo Rosin

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Helen Pinz

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION Farmer

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Dec | (Day) 1 | (Year) 1925

I HEREBY CERTIFY, That I attended deceased from Dec 1st 1925, to Dec 1st, 1925
that I last saw him alive on Dec 1st, 1925
and that death occurred, on the date stated above, at 7:10 A M.
The CAUSE OF DEATH was as follows:

Suicide Gun Shot wound
in head

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) G R Caley M. D.
12/1 1925 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: 12-3 1925

UNDERTAKER: Geo P Ross | ADDRESS: Princeton Minn

Filed Jan 8 1926 A. F. Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 1
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Maria J Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) | (Day) | (Year) 1855

AGE Years, Months, Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ____ children, of whom ____ are living

BIRTHPLACE (State or country) Finland

NAME OF FATHER Johanas Johnson

BIRTHPLACE OF FATHER (State or country) Finland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION House Wife

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Jan | (Day) 23 | (Year) 1926

I HEREBY CERTIFY, That I attended deceased from Jan 15 1926, to Jan 23, 1926
that I last saw h alive on Jan 23, 1926
and that death occurred, on the date stated above, at 10 P M.
The CAUSE OF DEATH was as follows:

Endo Carditis
Septicitis

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) E L Hall M. D.
1/23 1926 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL: Town of Greenbush | DATE OF BURIAL: 1/28 1926

UNDERTAKER: G P Ross | ADDRESS: Princeton Minn

Filed 2/9 1926 A. F. Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 2
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Pauline Sueck

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) Aug | (Day) 17 | (Year) 1858

AGE 67 Years, 5 Months, 12 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country): Germany

NAME OF FATHER: Fred Freish

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Susan Stahnke

BIRTHPLACE OF MOTHER (State or country): Germand

OCCUPATION: House Wife

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Jan | (Day) 29 | (Year) 1926

I HEREBY CERTIFY, That I attended deceased from Jan 26 1926, to Jan 29, 1926

that I last saw h alive on Jan 29, 1926

and that death occurred, on the date stated above, at 3 A. M.

The CAUSE OF DEATH was as follows:

Cerebral Hemorlugs

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) E Ittad M. D.

1/29 1926 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: 1-31 1926

UNDERTAKER: Geo. P. Ross | ADDRESS: Princeton Minn

Filed 2/9 1926 A. F. Meyer

203

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 4
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME John. T. Anderson

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) July | (Day) 11 | (Year) 1859

AGE 66 Years, 10 Months, 12 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country): Minn

NAME OF FATHER: Chas Anderson

BIRTHPLACE OF FATHER (State or country): Maine

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION: Laborer

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) May | (Day) 23 | (Year) 1926

I HEREBY CERTIFY, That I attended deceased from 19, to 5/23, 1926

that I last saw h alive on , 19

and that death occurred, on the date stated above, at M.

The CAUSE OF DEATH was as follows:

Valvular Aortic heart disease

(DURATION) DAYS

Contributory

(DURATION) DAYS

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

5/23 1926 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: 5/26 1926

UNDERTAKER: G.P. Ross | ADDRESS: Princeton Minn

Filed 6/12 1926 A. F. Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 3
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Baby Stanley

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) May | (Day) 13 | (Year) 1926

AGE — Years, — Months, — Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country): minnesota

NAME OF FATHER: Owen Stanley

BIRTHPLACE OF FATHER (State or country): Minnesota

MAIDEN NAME OF MOTHER: Jennie Olson

BIRTHPLACE OF MOTHER (State or country): Minn

OCCUPATION: Farmer

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) May | (Day) 13 | (Year) 1926

I HEREBY CERTIFY, That I attended deceased from 19, to 19

that I last saw h alive on , 19

and that death occurred, on the date stated above, at M.

The CAUSE OF DEATH was as follows:

Stillborn

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) G R Caley M. D.

5/13 1926 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: May 14 1926

UNDERTAKER: Geo P Ross | ADDRESS: Princeton Minn

Filed 19 A F Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 5
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Amanda Schilling

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) May | (Day) 4 | (Year) 1874

AGE 52 Years, Months, 23 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country): Wis

NAME OF FATHER: Godfred Schilling

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Louisa Egley

BIRTHPLACE OF MOTHER (State or country): Switzland

OCCUPATION: House Wife

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) May | (Day) 27 | (Year) 1926

I HEREBY CERTIFY, That I attended deceased from Nov 1925, to May 27, 1926

that I last saw h alive on , 19

and that death occurred, on the date stated above, at M.

The CAUSE OF DEATH was as follows:

Chronic Myocarditis

(DURATION) 5 yrs DAYS

Contributory

(DURATION) DAYS

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

5/27 1926 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: 5/29 1926

UNDERTAKER: Geo P Ross | ADDRESS: Princeton Minn

Filed 6/12 1926 A F Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 6
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Baby Olson

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) May | (Day) 31 | (Year) 1926

AGE ___ Years, ___ Months, ___ Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ___ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) Minnesota

NAME OF FATHER Erick P. Olson

BIRTHPLACE OF FATHER (State or country) Neb

MAIDEN NAME OF MOTHER Gladys M Clemans

BIRTHPLACE OF MOTHER (State or country) Minn

OCCUPATION Had None

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) May | (Day) 31 | (Year) 1926

I HEREBY CERTIFY, That I attended deceased from May 31 1926, to May 31, 1926

that I last saw h___ alive on ___, 19___

and that death occurred, on the date stated above, at ___ M.

The CAUSE OF DEATH was as follows:

Stillborn

(DURATION) ___ DAYS

Contributory

(DURATION) ___ DAYS

(Signed) G R Caley, M. D.

6/1 1926 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: June 1 1926

UNDERTAKER: G P. Ross | ADDRESS: Princeton

Filed 6/12 1926 A. F. Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 7
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME John Boyn

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Jan | (Day) 7 | (Year) 1852

AGE 74 Years, 5 Months, 9 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ___ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) Illinois

NAME OF FATHER Aug Boyn

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Wilhelmine Tuttle

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION Farmer

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) June | (Day) 16 | (Year) 1926

I HEREBY CERTIFY, That I attended deceased from Feb 15 1926, to June 16, 1926

that I last saw h___ alive on June 12, 1926

and that death occurred, on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH was as follows:

Myocarditis

(DURATION) ___ DAYS

Contributory

(DURATION) ___ DAYS

(Signed) G R Caley, M. D.

6/17 1926 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: 6/18 1926

UNDERTAKER: Geo P Ross | ADDRESS: Princeton Minn

Filed 6/12 1926 A. F. Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

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Registered No. 8
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Charles Henry Simons

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) June | (Day) 7 | (Year) 1844

AGE 82 Years, ___ Months, 17 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ___ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) New Hampshire

NAME OF FATHER A Silborn

BIRTHPLACE OF FATHER (State or country) New Hampshire

MAIDEN NAME OF MOTHER Hanna J Murphey

BIRTHPLACE OF MOTHER (State or country) New Hampshire

OCCUPATION Blacksmith

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) June | (Day) 21 | (Year) 1926

I HEREBY CERTIFY, That I attended deceased from June 19 1926, to June 21, 1926

that I last saw h___ alive on June 21, 1926

and that death occurred, on the date stated above, at 1:00 P.M.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(DURATION) ___ DAYS

Contributory

(DURATION) ___ DAYS

(Signed) G R Caley, M. D.

6/17 1926 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Spencer Brook Minn | DATE OF BURIAL: 6/23 1926

UNDERTAKER: Geo P Ross | ADDRESS: Princeton Minn

Filed 7/12 1926 A. F. Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 9
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Sebastian Stoffel

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) Nov | (Day) 20 | (Year) 1848

AGE 77 Years, 8 Months, 1 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ___ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) Germany

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION House Work

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

(Informant) Mrs Wenzel Roesler

(Address) Princeton Minn

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) July | (Day) 27 | (Year) 1926

I HEREBY CERTIFY, That I attended deceased from July 20 1926, to July 21, 1926

that I last saw h___ alive on July 20, 1926

and that death occurred, on the date stated above, at ___ M.

The CAUSE OF DEATH was as follows:

Bowel obstruction from carcinoma (Pancreas)

Contributory

(DURATION) ___ DAYS

(Signed) G R Caley, M. D.

7/21 1926 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Howard Lake Minn | DATE OF BURIAL: 7/24 1926

UNDERTAKER: Geo P Ross | ADDRESS: Princeton Minn

Filed 7/31 1926 A. F. Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 10
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Baby Zielarth

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH: (Month) July | (Day) 27 | (Year) 1926

AGE ____ Years, ____ Months, 1 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ____ children, of whom ____ are living

BIRTHPLACE (State or country) Minnesota

NAME OF FATHER Leonard Zielarth

BIRTHPLACE OF FATHER (State or country) Minn

MAIDEN NAME OF MOTHER Emma Haeft

BIRTHPLACE OF MOTHER (State or country) Minn

OCCUPATION Had None

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

(Informant) Leonard Zielarth

(Address) Princeton Minn

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) July | (Day) 28 | (Year) 1926

I HEREBY CERTIFY, That I attended deceased from 7-27 1926, to 7-28, 1926

that I last saw h im alive on 7-27, 1926

and that death occurred, on the date stated above, at 11½ A.M.

The CAUSE OF DEATH was as follows:

Premature Birth

(DURATION) ____ DAYS

Contributory ____

(DURATION) ____ DAYS

(Signed) G R Caley M. D.

7/28 1926 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Twp | DATE OF BURIAL: 7/29 1926

UNDERTAKER: G P Ross | ADDRESS: Princeton Minn

Filed 8/30 1926 A F Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 11
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Albert Wilhelm Sr

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Jan | (Day) 13 | (Year) 1844

AGE 82 Years, 10 Months, ____ Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ____ children, of whom ____ are living

BIRTHPLACE (State or country) Germany

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION Retired Farmer

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

(Informant) John Wilhelm

(Address) Princeton Minn

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Nov | (Day) 13 | (Year) 1926

I HEREBY CERTIFY, That I attended deceased from Nov 10 1926, to Nov 13, 1926

that I last saw h im alive on Nov 10, 1926

and that death occurred, on the date stated above, at 2:00 A.M.

The CAUSE OF DEATH was as follows:

Acute Broncitus

(DURATION) ____ DAYS

Contributory Hart deseaze mitral

(DURATION) 14 DAYS

(Signed) G R Caley M. D.

11/14 1926 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: 11/15 1926

UNDERTAKER: Geo P Ross | ADDRESS: Princeton Minn

Filed 12/10 1926 A F Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 12
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Vincent L Raymond

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Feb | (Day) 28 | (Year) 1926

AGE ____ Years, 8 Months, 20 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ____ children, of whom ____ are living

BIRTHPLACE (State or country) Minnesota

NAME OF FATHER Ernest A Raymond

BIRTHPLACE OF FATHER (State or country) Minn

MAIDEN NAME OF MOTHER Katherine Bintzy

BIRTHPLACE OF MOTHER (State or country) S.D.

OCCUPATION Had None

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

(Informant) ____

(Address) ____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Nov | (Day) 17 | (Year) 1926

I HEREBY CERTIFY, That I attended deceased from Nov 16 1926, to Nov 17, 1926

that I last saw h im alive on Nov 17, 1926

and that death occurred, on the date stated above, at 3 P. M.

The CAUSE OF DEATH was as follows:

Broncitis Pneumonia

(DURATION) 3 Hrs DAYS

Contributory ____

(DURATION) ____ DAYS

(Signed) C L Hall M. D.

11/17 1926 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Wyanett Minn | DATE OF BURIAL: 11/22 1926

UNDERTAKER: G P Ross | ADDRESS: Princeton Minn

Filed 12/10 1926 A F Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 13
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Martha Christ

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) Feb | (Day) 14 | (Year) 1856

AGE 70 Years, 9 Months, 14 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ____ children, of whom ____ are living

BIRTHPLACE (State or country) Norway

NAME OF FATHER Martin Simonson

BIRTHPLACE OF FATHER (State or country) Norway

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION House Work

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

(Informant) ____

(Address) ____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Nov | (Day) 28 | (Year) 1926

I HEREBY CERTIFY, That I attended deceased from July 1926, to Nov 28, 1926

that I last saw h er alive on Nov 28, 1926

and that death occurred, on the date stated above, at 11:30 A.M.

The CAUSE OF DEATH was as follows:

Uterine Carcinoma

(DURATION) ____ DAYS

Contributory ____

(DURATION) ____ DAYS

(Signed) E L Hall M. D.

11/28 1926 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Ham Lake Minn | DATE OF BURIAL: 12/5 1926

UNDERTAKER: Geo P Ross | ADDRESS: Princeton Minn

Filed 12/10 1926 A F Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 14
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Frank G. B. Stahnke

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) May | (Day) 9 | (Year) 1864

AGE 62 Years, 7 Months, 6 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) Germany

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION Oil Business-Filling Station

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

(Informant) Mrs Frank Stahnke

(Address) Princeton Minn

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Dec | (Day) 15 | (Year) 1926

I HEREBY CERTIFY, That I attended deceased from 12/10 1926, to 12/15 1926

that I last saw h im alive on 12/15 1926

and that death occurred, on the date stated above, at 6 30 A M.

The CAUSE OF DEATH was as follows:

Influenza

Pneumonia

(DURATION) ____ DAYS

Contributory

(DURATION) ____ DAYS

(Signed) E. L. Hall M. D.

12/15 1926 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL: Braham Minn | DATE OF BURIAL: 12/17 1926

UNDERTAKER: Geo P Ross | ADDRESS: Princeton Minn

Filed 1/26 1927 A. F. Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 15
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Otis Herbert Weber

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Nov | (Day) 9 | (Year) 1886

AGE 40 Years, 1 Months, 14 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) Iowa

NAME OF FATHER Henry Weber

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Etta Libby

BIRTHPLACE OF MOTHER (State or country) Iowa

OCCUPATION Farmer

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

(Informant) Mrs O. H. Weber

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Dec | (Day) 23 | (Year) 1926

I HEREBY CERTIFY, That I attended deceased from Dec 1923, to Dec 23, 1926

that I last saw h im alive on Dec 23, 1926

and that death occurred, on the date stated above, at 5 A M.

The CAUSE OF DEATH was as follows:

Pernicia Anemia

(DURATION) 5 years DAYS

Contributory

(DURATION) ____ DAYS

(Signed) E. L. Hall M. D.

12/23 1926 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: 12/26 1926

UNDERTAKER: Geo P Ross | ADDRESS: Princeton Minn

Filed 1/26 1927 A. F. Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 16 1
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Cyprus N Shannon

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) July | (Day) 19 | (Year) 1863

AGE 63 Years, 5 Months, 22 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) Minn

NAME OF FATHER Ratt Shannon

BIRTHPLACE OF FATHER (State or country) Unknown United States

MAIDEN NAME OF MOTHER Susan Graf

BIRTHPLACE OF MOTHER (State or country) Unknown United States

OCCUPATION Farmer

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Jan | (Day) 10 | (Year) 1927

I HEREBY CERTIFY, That I attended deceased from Jan 4 1927, to Jan 10, 1927

that I last saw h im alive on Jan 4 1927

and that death occurred, on the date stated above, at 5 30 A M.

The CAUSE OF DEATH was as follows:

Arganic Heart Disease

(DURATION) ____ DAYS

Contributory

(DURATION) ____ DAYS

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

1/11 1927 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Minneapolis Minn | DATE OF BURIAL: 1/13 1927

UNDERTAKER: Geo. P. Ross | ADDRESS: Princeton Minn

Filed 3/7 1927 A. F. Meyer

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 2
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Peter H. Levine

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) June | (Day) 3 | (Year) 1858

AGE 68 Years, 9 Months, 16 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) Sweden

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION Farmer

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Mar | (Day) 19 | (Year) 1927

I HEREBY CERTIFY, That I attended deceased from May 20 1925, to Mar 19, 1927

that I last saw h im alive on March 17, 1927

and that death occurred, on the date stated above, at 7 00 M.

The CAUSE OF DEATH was as follows:

Paresis

(DURATION) 2 yrs 3 mos DAYS

Contributory Arterio Sclerosis

(DURATION) 5 yrs DAYS

(Signed) W. P. Caley M. D.

3-19 1927 (Address) Princeton Mn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Mn | DATE OF BURIAL: 3-21 1927

UNDERTAKER: Geo. P. Roos | ADDRESS: Princeton Mn

Filed 4-5-11 1927 John A. Borgrud Town Clerk

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 3
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Fred Dolfus

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Sept | (Day) 19 | (Year) 1849

AGE 77 Years, 8 Months, 26 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) Germany

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION Farmer

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

(Informant) ____

(Address) ____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) June | (Day) 15 | (Year) 1927

I HEREBY CERTIFY, That I attended deceased from 6-15 1927, to 6-15, 1927
that I last saw him alive on 6-15, 1927
and that death occurred, on the date stated above, at 5:30 P. M.
The CAUSE OF DEATH was as follows:

Lobar pneumonia

(DURATION) 2 DAYS

Contributory ____

(DURATION) ____ DAYS

(Signed) W. C. Cooney M. D.
19__ (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Twp
DATE OF BURIAL: 6-18 1927
UNDERTAKER: Geo. P. Ross
ADDRESS: Princeton

Filed July 5 1927 John P. Bornhoft Registrar

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 4
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Reed E. Sanford

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Aug. | (Day) 26 | (Year) 1844

AGE 82 Years, 10 Months, 6 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) New York

NAME OF FATHER Ezekiel Sanford

BIRTHPLACE OF FATHER (State or country) New York

MAIDEN NAME OF MOTHER Esther Mitchel

BIRTHPLACE OF MOTHER (State or country) New York

OCCUPATION Farmer

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

(Informant) ____

(Address) ____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) July | (Day) 2 | (Year) 1927

I HEREBY CERTIFY, That I attended deceased from June 20 1927, to July 2, 1927
that I last saw him alive on July 2, 1927
and that death occurred, on the date stated above, at 4:45 A. M.
The CAUSE OF DEATH was as follows:

Cardiac Syphilus
Endocarditis

(DURATION) ____ DAYS

Contributory ____

(DURATION) ____ DAYS

(Signed) E. E. Hall M. D.
7/2 1927 (Address) Princeton Minn.

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton, Minn
DATE OF BURIAL: July 1927
UNDERTAKER: Geo. P. Ross
ADDRESS: Princeton

Filed 7/12 1927 John P. Bornhoft Registrar

PLACE OF DEATH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of (No. Boom in village , St.; Ward)

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 4
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Still Born Baby Stanley

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) July | (Day) 1 | (Year) 27

AGE — Years, — Months, — Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED — — — —

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) Princeton Minn

NAME OF FATHER Owen Stanley

BIRTHPLACE OF FATHER (State or country) Princeton, Minn

MAIDEN NAME OF MOTHER Olson

BIRTHPLACE OF MOTHER (State or country) Minneapolis Minn

OCCUPATION

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

(Informant) Owen Stanley

(Address) Princeton

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) July | (Day) 1 | (Year) 1927

I HEREBY CERTIFY, That I attended deceased from ____ 19__, to ____, 19__
that I last saw h__ alive on ____, 19__
and that death occurred, on the date stated above, at ____ M.
The CAUSE OF DEATH was as follows:

Still Born

(DURATION) ____ DAYS

Contributory ____

(DURATION) ____ DAYS

(Signed) G. R. Caley M. D.
7-1 1927 (Address) Princeton, Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton, Minn
DATE OF BURIAL: 7-1 1927
UNDERTAKER: Geo. P. Ross
ADDRESS: Princeton

Filed July 5 1927 John P. Bornhoft Registrar

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 5
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Henry Neuman

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Oct | (Day) 18 | (Year) 1922

AGE 4 Years, 10 Months, 11 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) Minnesota

NAME OF FATHER Herman Neuman

BIRTHPLACE OF FATHER (State or country) Minnesota

MAIDEN NAME OF MOTHER Marie Krause

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION Laborer

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

(Informant) ____

(Address) ____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Aug | (Day) 29 | (Year) 1927

I HEREBY CERTIFY, That I attended deceased from July 25 1927, to Aug. 29, 1927
that I last saw him alive on Aug. 25, 1927
and that death occurred, on the date stated above, at 4:30 P. M.
The CAUSE OF DEATH was as follows:

Tuberculas Meningitis

(DURATION) 35 DAYS

Contributory ____

(DURATION) ____ DAYS

(Signed) G. R. Caley M. D.
8/30 1927 (Address) Princeton, Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Township of Champlain
DATE OF BURIAL: 8/31 1927
UNDERTAKER: Geo. P. Ross
ADDRESS: Princeton Minn

Filed Sept. 10 1927 John P. Bornhoft Registrar

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 6
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Esther M. Rossing

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) Feb | (Day) 24 | (Year) 1906

AGE 21 Years, 7 Months, 22 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Wife of Robt H. Rossing — Married

AGE AT MARRIAGE — If married, age at (first) marriage 20 years
NUMBER OF CHILDREN — Parent of 2 children, of whom 2 are living

BIRTHPLACE (State or country) Minn.

NAME OF FATHER W. B. Anderson

BIRTHPLACE OF FATHER (State or country) Minn.

MAIDEN NAME OF MOTHER Josephine Hem

BIRTHPLACE OF MOTHER (State or country) Norway

OCCUPATION Housewife

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

(Informant) Robt. H. Rossing

(Address) Long Siding Princeton Minn

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Oct. | (Day) 16 | (Year) 1927

I HEREBY CERTIFY, That I attended deceased from Oct. 1921, to Oct. 16, 1927
that I last saw her alive on Oct 16, 1927
and that death occurred, on the date stated above, at 2:20 A.M.
The CAUSE OF DEATH was as follows:

Mitral stenosis

(DURATION) 6 yrs DAYS

Contributory

(DURATION) DAYS

(Signed) E. L. Hall M. D.
10/16 1927 (Address) Princeton Minn

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

PLACE OF BURIAL OR REMOVAL: Township of Greenbush | DATE OF BURIAL: 10/19 1927
UNDERTAKER: Geo. P. Ross | ADDRESS: Princeton Minn
Filed 10/25 1927 John P. Bornholdt Registrar

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 7
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Barbara Wolf

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) Dec. | (Day) 4 | (Year) 1846

AGE 81 Years, Months, 7 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

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

BIRTHPLACE (State or country) Germany

NAME OF FATHER Unkown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Dec. | (Day) 6th | (Year) 1927

I HEREBY CERTIFY, That I attended deceased from Dec. 3 1927, to Dec. 6, 1927
that I last saw her alive on Dec. 6, 1927
and that death occurred, on the date stated above, at 12½ P.M.
The CAUSE OF DEATH was as follows:

Bronchopneumonia
(Labor)

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) E. L. Hall M. D.
12/6 1927 (Address) Princeton

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

PLACE OF BURIAL OR REMOVAL: Village of Princeton | DATE OF BURIAL: 12/17 1927
UNDERTAKER: Geo. P. Ross | ADDRESS: Princeton, Minn
Filed 12/27 1927 John P. Bornholdt Registrar

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 7
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Russel W. Redmond

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Aug | (Day) 11 | (Year) 1910

AGE 17 Years, 3 Months, 3 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

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

BIRTHPLACE (State or country) Minnesota

NAME OF FATHER Howard Redmond

BIRTHPLACE OF FATHER (State or country) Nova Scotia

MAIDEN NAME OF MOTHER Ida May Heinman

BIRTHPLACE OF MOTHER (State or country) Nova Scotia

OCCUPATION School Boy

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

(Informant) Howard Redmond

(Address) Brickton Minn

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Nov. | (Day) 14 | (Year) 1927

I HEREBY CERTIFY, That I attended deceased from Nov. 1927, to Nov. 14, 1927
that I last saw him alive on Nov. 14, 1927
and that death occurred, on the date stated above, at 6 P.M.
The CAUSE OF DEATH was as follows:

Diabetes

(DURATION) 3 yrs DAYS

Contributory

(DURATION) DAYS

(Signed) E. L. Hall M. D.
11/14 1927 (Address) Princeton Minn

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

PLACE OF BURIAL OR REMOVAL: Vil. of Princeton | DATE OF BURIAL: 11/17 1927
UNDERTAKER: Geo. P. Ross | ADDRESS: Princeton
Filed 11/21 1927 John P. Bornholdt Registrar.

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 9
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Charles A. Olson

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Dec. | (Day) 11 | (Year) 1846

AGE 81 Years, 1 Months, 28 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

BIRTHPLACE (State or country) Sweden

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION Farmer

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Feb. | (Day) 8th | (Year) 1928

I HEREBY CERTIFY, That I attended deceased from Dec. 1927, to Feb. 8, 1928
that I last saw him alive on Feb. 8, 1928
and that death occurred, on the date stated above, at 8:30 A.M.
The CAUSE OF DEATH was as follows:

Appopleksy

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) E. L. Hall M. D.
2/8 1928 (Address) Princeton, Minn.

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

PLACE OF BURIAL OR REMOVAL: Princeton | DATE OF BURIAL: 2/10 1928
UNDERTAKER: Geo. P. Ross | ADDRESS: Princeton, Minn
Filed 2/20 1928 John P. Bornholdt Registrar

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 1
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Erick John Haglund

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Dec. | (Day) 16 | (Year) 1883

AGE 44 Years, 3 Months, 18 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ____ children, of whom ____ are living

BIRTHPLACE (State or country) Sweden

NAME OF FATHER Erick Haglund

BIRTHPLACE OF FATHER (State or country) Sweden

MAIDEN NAME OF MOTHER Christina Olson

BIRTHPLACE OF MOTHER (State or country) Sweden

OCCUPATION Farmer

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Apr. | (Day) 3 | (Year) 1928

I HEREBY CERTIFY, That I attended deceased from Apr. 3 1928, to Apr. 3, 1928
that I last saw h-m alive on Apr. 3, 1928
and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH was as follows:

Epileptic Convulsions

(DURATION) ____ DAYS

Contributory Constipation

(DURATION) ____ DAYS

(Signed) E. S. Hall M. D.
4/4 1928 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL: Vil. of Princeton | DATE OF BURIAL: 4/5 1928

UNDERTAKER: Geo. P. Ross | ADDRESS: Princeton

Filed 4/6 1928 John P. Bornhold

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 2
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Karrie Johnson Sattenstrom

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) July | (Day) 28 | (Year) 1859

AGE 68 Years, 8 Months, 26 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ____ children, of whom ____ are living

BIRTHPLACE (State or country) Sweden

NAME OF FATHER John Johnson

BIRTHPLACE OF FATHER (State or country) Sweden

MAIDEN NAME OF MOTHER Margaret Johnson

BIRTHPLACE OF MOTHER (State or country) Sweden

OCCUPATION Housewife

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Apr. | (Day) 23 | (Year) 1928

I HEREBY CERTIFY, That I attended deceased from Jan. 27 1928, to Apr. 27, 1928
that I last saw h-r alive on Apr. 27, 1928
and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH was as follows:

Cancer of Pancreas

(DURATION) 15 ~~mo~~ DAYS

Contributory

(DURATION) ____ DAYS

(Signed) H. C. Cooney M. D.
4/24 1928 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL: Vil. of Princeton | DATE OF BURIAL: 4/25 1928

UNDERTAKER: Geo. P. Ross | ADDRESS: Princeton

Filed 5/3 1928 John P. Bornhold

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 3
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Howard C. Fiero

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) June | (Day) 5 | (Year) 1850

AGE 77 Years, 10 Months, 20 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ____ children, of whom ____ are living

BIRTHPLACE (State or country) New York

NAME OF FATHER Peter Fiero

BIRTHPLACE OF FATHER (State or country) New York

MAIDEN NAME OF MOTHER Catherine Say

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION Retired Farmer

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Apr. | (Day) 25 | (Year) 1928

I HEREBY CERTIFY, That I attended deceased from Jan. 1 1928, to Apr. 25, 1928
that I last saw h-m alive on Apr. 25th, 1928
and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH was as follows:

Angina Pectoris

(DURATION) 2 DAYS

Contributory Endocarditis

(DURATION) 10 yr. DAYS

(Signed) E. S. Hall M. D.
4/25 1928 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL: Vil. of Princeton | DATE OF BURIAL: 4/28 1928

UNDERTAKER: Geo. P. Ross | ADDRESS: Princeton

Filed 4/30 1928 John P. Bornhold

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 4
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Elizabeth Back Weitman

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) Dec. | (Day) 18 | (Year) 1874

AGE 53 Years, 4 Months, 19 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ____ children, of whom ____ are living

BIRTHPLACE (State or country) Illinois

NAME OF FATHER John Back

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Christy Abraham

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION Housework

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) May | (Day) 7 | (Year) 1928

I HEREBY CERTIFY, That I attended deceased from Jan. 1 1928, to May 7, 1928
that I last saw h-r alive on May 1, 1928
and that death occurred, on the date stated above, at 5:45 A.M.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(DURATION) 7 DAYS

Contributory

(DURATION) ____ DAYS

(Signed) E. S. Hall M. D.
5/7 1928 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL: Vil. of Princeton | DATE OF BURIAL: 5/7 1928

UNDERTAKER: Geo. P. Ross | ADDRESS: Princeton

Filed 5/7 1928 John P. Bornhold

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 5

[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.]

(No. , St.; Ward)

FULL NAME John William Edward Zibarth

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) May | (Day) 28 | (Year) 1856

AGE 72 Years, Months, 23 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

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

BIRTHPLACE (State or country) Germany

NAME OF FATHER Gotlieb Zibarth

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Agusta Wawons

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION Farmer

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) June | (Day) 10 | (Year) 1928

I HEREBY CERTIFY, That I attended deceased from 1928, to June 10, 1928

that I last saw him alive on June 10, 1928

and that death occurred, on the date stated above, at 6:00 P.M.

The CAUSE OF DEATH was as follows:

Pernicious Anemia

(DURATION) 3 yrs DAYS

Contributory

(DURATION) DAYS

(Signed) Geo. P. Ross M. D.

6/16 1928 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Township of Princeton | DATE OF BURIAL: 6/13/1928

UNDERTAKER: Geo. P. Ross | ADDRESS: Princeton, Minn

Filed 6/16 1928 John P. Bornhoft Registrar

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 6

[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.]

(No. , St.; Ward)

FULL NAME Louis Rust

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) June | (Day) 20 | (Year) 1863

AGE 65 Years, 1 Months, 3 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

BIRTHPLACE (State or country) Sweden

NAME OF FATHER John Rust

BIRTHPLACE OF FATHER (State or country) Sweden

MAIDEN NAME OF MOTHER Ann Knuson

BIRTHPLACE OF MOTHER (State or country) Sweden

OCCUPATION Farmer

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) July | (Day) 23 | (Year) 1928

I HEREBY CERTIFY, That I attended deceased from July 7, 1927, to July 23, 1928

that I last saw him alive on July 23, 1928

and that death occurred, on the date stated above, at 7 A.M.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) E. S. Hall M. D.

7/23 1928 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL: Township of Wyanette | DATE OF BURIAL: 7/25/1928

UNDERTAKER: Geo. P. Ross | ADDRESS: Princeton

Filed 7/25 1928 John P. Bornhoft Registrar

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 7

[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.]

(No. , St.; Ward)

FULL NAME Arthur N. Kuether

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Oct 7 | (Day) 7 | (Year) 1905

AGE 23 Years, Months, 11 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

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

BIRTHPLACE (State or country) Minn.

NAME OF FATHER D. Kuether

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Hermina Kuether

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION Housework

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Oct 7 | (Day) 13 | (Year) 1928

I HEREBY CERTIFY, That I attended deceased from Oct 5 1928, to Oct 13, 1928

that I last saw him alive on Oct 13, 1928

and that death occurred, on the date stated above, at 3:00 P.M.

The CAUSE OF DEATH was as follows:

Virulent Scarlet Fever

(DURATION) 1 7 DAYS

Contributory

(DURATION) DAYS

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

10/14 1928 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL: Vil of Princeton | DATE OF BURIAL: 10/14/1928

UNDERTAKER: Geo. P. Ross | ADDRESS: Princeton Minn

Filed 10/15 1928 John P. Bornhoft

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 8

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

(No. , St.; Ward)

FULL NAME Walter E. Kuether

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Sept | (Day) 17 | (Year) 1910

AGE 18 Years, Months, 27 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

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

BIRTHPLACE (State or country) Minn.

NAME OF FATHER D. Kuether

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Hermina Kuether

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION Housewife

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Oct | (Day) 14 | (Year) 1928

I HEREBY CERTIFY, That I attended deceased from Oct 9 1928, to Oct 14, 1928

that I last saw him alive on Oct 14, 1928

and that death occurred, on the date stated above, at 4:00 AM.

The CAUSE OF DEATH was as follows:

Virulent Scarlet Fever

(DURATION) 5 DAYS

Contributory

(DURATION) DAYS

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

10/14 1928 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL: Vil of Princeton | DATE OF BURIAL: 10/14/1928

UNDERTAKER: Geo. P. Ross | ADDRESS: Princeton

Filed 10/15 1928 John P. Bornhoft

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 9
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Rose Kunkel

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) Apr. | (Day) 18 | (Year) 1859

AGE 69 Years, 7 Months, 10 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country): Germany

NAME OF FATHER: Frank Rosenthal

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Anna Sevendosky

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION: Housewife

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Nov. | (Day) 28 | (Year) 1928

I HEREBY CERTIFY, That I attended deceased from Nov. 20 1928, to Nov. 28, 1928
that I last saw her alive on Nov. 28, 1928
and that death occurred, on the date stated above, at 5:40 P.M.
The CAUSE OF DEATH was as follows:

Carcinoma gastric

(DURATION) 6 mos DAYS

Contributory

(DURATION) DAYS

(Signed) C. S. Hall M. D.
11/28 1928 (Address) Princeton, Minn.

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

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

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

PLACE OF BURIAL OR REMOVAL: Vil. of Princeton | DATE OF BURIAL: 12-2 1928

UNDERTAKER: Geo. P. Ross | ADDRESS: Princeton Minn

Filed 12/10 1928 John P. Bornhoft Reg

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 10
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Mahlon Ellenbaum

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Oct. | (Day) 28 | (Year) 1854

AGE 74 Years, 2 Months, 10 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country): Pennsylvania

NAME OF FATHER: A. Ellenbaum

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION: Farmer

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Jan. | (Day) 7 | (Year) 1929

I HEREBY CERTIFY, That I attended deceased from Jan 1 1929, to Jan 7, 1929
that I last saw him alive on Jan 7, 1929
and that death occurred, on the date stated above, at 6:30 A.M.
The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) DAYS

Contributory Influenza

(DURATION) DAYS

(Signed) E. S. Hall M. D.
1/7 1929 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL: Vil. of Princeton | DATE OF BURIAL: Jan. 9 1929

UNDERTAKER: Geo. P. Ross | ADDRESS: Princeton Minn

Filed 1/17 1929 John P. Bornhoft Registrar

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 2
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Wilhelmina Datschow

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) Mar. | (Day) 4 | (Year) 1875

AGE 53 Years, 11 Months, 9 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country): Germany

NAME OF FATHER: William Kutzke

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Sophia Gloege

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION: Housewife

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Feb. | (Day) 23 | (Year) 1929

I HEREBY CERTIFY, That I attended deceased from Jan 17 1929, to Feb 23, 1929
that I last saw her alive on Feb. 22, 1929
and that death occurred, on the date stated above, at ____ M.
The CAUSE OF DEATH was as follows:

Cerebral Hemmorhage

(DURATION) DAYS

Contributory Pneumonia

(DURATION) DAYS

(Signed) G. R. Caley M. D.
2/24 1929 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Township of Princeton | DATE OF BURIAL: Feb. 27 1929

UNDERTAKER: G. P. Ross | ADDRESS: Princeton, Minn

Filed 3/9 1929 John P. Bornhoft Registrar

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 3
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Baby Boy Patten

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) Apr. | (Day) 6 | (Year) 1929

AGE Stillborn Years, Months, Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country): Princeton RT 6

NAME OF FATHER: Roy Patten

BIRTHPLACE OF FATHER (State or country): Anoka, Minn

MAIDEN NAME OF MOTHER: Freda Polsfuss

BIRTHPLACE OF MOTHER (State or country): Mille Lacs Co. Minn

OCCUPATION

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Stillborn | (Day) Apr. 6 | (Year) 1929

I HEREBY CERTIFY, That I attended deceased from ____ 19__, to ____, 19__
that I last saw h__ alive on ____, 19__
and that death occurred, on the date stated above, at ____ M.
The CAUSE OF DEATH was as follows:

Stillborn

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) E. S. Hall M. D.
4/6 1929 (Address) Princeton, Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Vil. of Princeton | DATE OF BURIAL: Apr. 7 1929

UNDERTAKER: Geo. P. Ross | ADDRESS: Princeton Minn

Filed 4/9 1929 John P. Bornhoft Registrar

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 4

[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.]

(No. , St.; Ward)

FULL NAME Catherine Sofgreen

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) Sept. (Day) 4 (Year) 1867

AGE 66 Years, 8 Months, 16 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) Sweden

NAME OF FATHER M. Erickson

BIRTHPLACE OF FATHER (State or country) Sweden

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION House work

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) May (Day) 20 (Year) 1929

I HEREBY CERTIFY, That I attended deceased from May 10 1929, to May 20, 1929

that I last saw h-er alive on May 20, 1929

and that death occurred, on the date stated above, at 7 P. M.

The CAUSE OF DEATH was as follows:

Sudden Heart failure

Myocarditis

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) E. S. Hall M. D.

5/20 1929 (Address) Princeton Minn.

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

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

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

PLACE OF BURIAL OR REMOVAL: Vil. of Princeton

DATE OF BURIAL: May 23 1929

UNDERTAKER: Geo. P. Ross

ADDRESS: Princeton Minn

Filed 5/25 1929 John P. Bornholdt Registrar

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 1

[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.]

(No. , St.; Ward)

FULL NAME Emma Mueller

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) Feb. 9th (Day) (Year) 1895

AGE 35 Years, Months, 7 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) Minn.

NAME OF FATHER August Schlesner

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Bertha Neuman

BIRTHPLACE OF MOTHER (State or country) Minn.

OCCUPATION Housewife

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Feb (Day) 16 (Year) 1930

I HEREBY CERTIFY, That I attended deceased from ____ 19__, to ____, 19__

that I last saw h-er alive on ____, 19__

and that death occurred, on the date stated above, at ____ M.

The CAUSE OF DEATH was as follows:

Suicide by suffocation

Immediate

(DURATION) DAYS

Contributory Melancholic States

tentamen (DURATION) DAYS

(Signed) G. P. Caley M. D.

2/17 1930 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL: Vil. of Princeton

DATE OF BURIAL: Feb. 19th 1930

UNDERTAKER: Geo. P. Ross

ADDRESS: Princeton, Minn

Filed 3/10 1930 John P. Bornholdt Registrar

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 5

[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.]

(No. , St.; Ward)

FULL NAME Fred Rukfield

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Oct. (Day) 28 (Year) 1865

AGE 63 Years, 6 Months, 28 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) Wisconsin

NAME OF FATHER Henry Rukfield

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Wilhelmina Mell

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION Farmer

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) May (Day) 26 (Year) 1929

I HEREBY CERTIFY, That I attended deceased from ____ 19__, to ____, 19__

that I last saw h-er alive on ____, 19__

and that death occurred, on the date stated above, at ____ M.

The CAUSE OF DEATH was as follows:

Viewed body after death only

Heart disease, Sudden death.

(DURATION) DAYS

Contributory

(DURATION) DAYS

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

5/26 1929 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL: Vil. of Princeton

DATE OF BURIAL: May 29 1929

UNDERTAKER: Geo. P. Ross

ADDRESS: Princeton, Minn

Filed 5/31 1929 John P. Bornholdt Registrar

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 2

[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.]

(No. , St.; Ward)

FULL NAME Margaret L. Sanford

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) Apr. (Day) 18 (Year) 1929

AGE Years, 10 Months, 25 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) Minnesota

NAME OF FATHER Gordon Sanford

BIRTHPLACE OF FATHER (State or country) Minnesota

MAIDEN NAME OF MOTHER Elsie Nystedt

BIRTHPLACE OF MOTHER (State or country) Nebraska

OCCUPATION Had none

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) March (Day) 25 (Year) 1930

I HEREBY CERTIFY, That I attended deceased from Mar. 9 1930, to Mar. 15, 1930

that I last saw h-er alive on Mar. 15, 1930

and that death occurred, on the date stated above, at 2:30 A. M.

The CAUSE OF DEATH was as follows:

Bronchopneumonia

complicating measles

(DURATION) 7 DAYS

Contributory

(DURATION) DAYS

(Signed) G. P. Caley M. D.

3/16 1930 (Address) Princeton, Minn.

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

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

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

PLACE OF BURIAL OR REMOVAL: Vil. of Princeton

DATE OF BURIAL: 3/17 1930

UNDERTAKER: Geo. P. Ross

ADDRESS: Princeton, Minn

Filed 3/19 1930 John P. Bornholdt Registrar

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 3
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Marie Dorothy Peters

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) July | (Day) 13 | (Year) 1861

AGE 68 Years, 8 Months, 18 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of 4 children, of whom 3 are living

BIRTHPLACE (State or country) Germany

NAME OF FATHER John Thode

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catherine Volkens

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION House work

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Mar | (Day) 31 | (Year) 1930

I HEREBY CERTIFY, That I attended deceased from Mar. 25 1930, to Mar. 31, 1930
that I last saw h[er] alive on Mar. 31, 1930
and that death occurred, on the date stated above, at 3 20 P.M.
The CAUSE OF DEATH was as follows:

Endocarditis

(DURATION) 10 yrs DAYS

Contributory Chronic arthritis

(DURATION) 10 yrs DAYS

(Signed) E. L. Hall M. D.
3/31 1930 (Address) Princeton, Minn.

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

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

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

PLACE OF BURIAL OR REMOVAL: Vil. of Princeton | DATE OF BURIAL: 4/3 1930

UNDERTAKER: Geo. P. Ross | ADDRESS: Princeton, Minn

Filed 4/7 1930 John P. Borchardt Registrar

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 5
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME George Reineccius

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Nov. | (Day) 16 | (Year) 1874

AGE 55 Years, 6 Months, 22 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ____ children, of whom ____ are living

BIRTHPLACE (State or country) Minnesota

NAME OF FATHER August Reineccius

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Christine Erickson

BIRTHPLACE OF MOTHER (State or country) Sweden

OCCUPATION Farmer

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) June | (Day) 7 | (Year) 1930

I HEREBY CERTIFY, That I attended deceased from June 1930, to June 7th, 1930
that I last saw h[im] alive on June 4th, 1930
and that death occurred, on the date stated above, at ____ M.
The CAUSE OF DEATH was as follows:

Multiple Sclerosis
Spinal Cord

(DURATION) 1/2 yr DAYS

Contributory

(DURATION) ____ DAYS

(Signed) H. C. Cooney M. D.
6/9 1930 (Address) Princeton, Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Township of Wyanette | DATE OF BURIAL: 6/10 1930

UNDERTAKER: Geo. P. Ross | ADDRESS: Princeton

Filed 6/11 1930 John P. Borchardt Registrar

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 4
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Mary Mott

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Feb. | (Day) 11 | (Year) 1850

AGE 80 Years, 2 Months, 11 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ____ children, of whom ____ are living

BIRTHPLACE (State or country) Ohio

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION Farmer

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Apr. | (Day) 7 | (Year) 1930

I HEREBY CERTIFY, That I attended deceased from Jan 1930, to 4/7 1930
that I last saw h[er] alive on March 1930
and that death occurred, on the date stated above, at ____ M.
The CAUSE OF DEATH was as follows:

Myocarditis

(DURATION) ____ DAYS

Contributory Senility

(DURATION) ____ DAYS

(Signed) H. C. Cooney M. D.
4/7 1930 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL: Vil. of Princeton | DATE OF BURIAL: 4/24 1930

UNDERTAKER: Geo. P. Ross | ADDRESS: Princeton

Filed 4/25 1930 John P. Borchardt Registrar

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 6
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Edwin R. Cilley

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Apr. | (Day) 28 | (Year) 1853

AGE 77 Years, 7 Months, 15 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ____ children, of whom ____ are living

BIRTHPLACE (State or country) Maine

NAME OF FATHER Lorin Cilley

BIRTHPLACE OF FATHER (State or country) Maine

MAIDEN NAME OF MOTHER Lucinda Low

BIRTHPLACE OF MOTHER (State or country) Maine

OCCUPATION

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Dec. | (Day) 13 | (Year) 1930

I HEREBY CERTIFY, That I attended deceased from Dec. 1 1930, to Dec. 13th, 1930
that I last saw h[im] alive on Dec. 13th, 1930
and that death occurred, on the date stated above, at 3 P.M.
The CAUSE OF DEATH was as follows:

Myocarditis

(DURATION) ____ DAYS

Contributory Arteriosclerosis

(DURATION) ____ DAYS

(Signed) E. L. Hall M. D.
12/13 1930 (Address) Princeton, Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Vil | DATE OF BURIAL: 12/16 1930

UNDERTAKER: Geo. P. Ross | ADDRESS: Princeton, Minn

Filed 12/18 1930 John P. Borchardt Reg.

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 1
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Mary Sophia Olson

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) Feb | (Day) 17 | (Year) 1852

AGE 78 Years, 10 Months, 25 Days

SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) Sweden

NAME OF FATHER Mr. Olson

BIRTHPLACE OF FATHER (State or country) Sweden

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION Housewife

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

(Informant) ____

(Address) ____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Jan. | (Day) 10 | (Year) 1931

I HEREBY CERTIFY, That I attended deceased from Jan 1928, to Jan. 10, 1931
that I last saw her alive on Jan 10, 1931
and that death occurred, on the date stated above, at 11:50 P.M.
The CAUSE OF DEATH was as follows:

Brights Disease

(DURATION) ____ DAYS

Contributory Diabetes (Sugar)

(DURATION) ____ DAYS

(Signed) E. S. Wall, M. D.
1/11 1931 (Address) Princeton, Minn

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

PLACE OF BURIAL OR REMOVAL: Princeton, Vil.
DATE OF BURIAL: 1/13 1931
UNDERTAKER: Geo. P. Ross
ADDRESS: Princeton, Minn

Filed 1/14 1931 John P. Bornhöldt
Registrar

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 3
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Marie C. Carlson

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) June | (Day) 15 | (Year) 1855

AGE 75 Years, 9 Months, 11 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) Sweden

NAME OF FATHER Johanas Johanson

BIRTHPLACE OF FATHER (State or country) Sweden

MAIDEN NAME OF MOTHER Charlotte Johanson

BIRTHPLACE OF MOTHER (State or country) Sweden

OCCUPATION Housewife

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

(Informant) M. A. Carlson

(Address) Princeton

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Mar. | (Day) 26 | (Year) 1931

I HEREBY CERTIFY, That I attended deceased from Jan 1931, to Mar. 26, 1931
that I last saw her alive on Mar. 20, 1931
and that death occurred, on the date stated above, at 1 A.M.
The CAUSE OF DEATH was as follows:

Heart Disease

(DURATION) Many years DAYS

Contributory ____

(DURATION) ____ DAYS

(Signed) H. C. Cooney, M. D.
3/26 1931 (Address) Princeton, Minnn

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: Vil. of Princeton
DATE OF BURIAL: 3/30 1931
UNDERTAKER: ~~Vil. of P~~ Geo. P. Ross
ADDRESS: Princeton, Mn

Filed 3/31 1931 John P. Bornhöldt
Registrar

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 2
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Ingred Manke

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) Aug. | (Day) 2 | (Year) 1889

AGE 41 Years, 7 Months, 17 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) Sweden

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Sweden

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Sweden

OCCUPATION Housewife

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

(Informant) Reinhold Manke

(Address) Princeton

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Mar. | (Day) 14 | (Year) 1931

I HEREBY CERTIFY, That I attended deceased from Jan 1931, to Mar. 14, 1931
that I last saw her alive on Mar. 14, 1931
and that death occurred, on the date stated above, at 5 P.M.
The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 2 yrs. DAYS

Contributory Enteritis T. B.

(DURATION) 6 Mos. DAYS

(Signed) H. C. Cooney, M. D.
3/14 1931 (Address) Princeton

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

PLACE OF BURIAL OR REMOVAL: Vil. of Princeton
DATE OF BURIAL: 3/17 1931
UNDERTAKER: Geo. P. Ross
ADDRESS: Princeton, Mn

Filed 3/18 1931 John P. Bornhöldt
Registrar

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 4
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Abel Peterson

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Oct | (Day) 24 | (Year) 1849

AGE 81 Years, 9 Months, 29 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) Sweden

NAME OF FATHER Pear Pearson

BIRTHPLACE OF FATHER (State or country) Sweden

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Sweden

OCCUPATION Farmer

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

(Informant) Mrs. Abel Peterson

(Address) Princeton, Mn

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Aug. | (Day) 22 | (Year) 1931

I HEREBY CERTIFY, That I attended deceased from 19__, to ____, 19__
that I last saw him alive on ____, 19__
and that death occurred, on the date stated above, at 9:30 M.
The CAUSE OF DEATH was as follows:

Arteriosclerosis & rheumatism

(DURATION) ____ DAYS

Contributory Valvular heart disease

(DURATION) ____ DAYS

(Signed) H. C. Cooney, M. D.
8/22 1931 (Address) Princeton

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

PLACE OF BURIAL OR REMOVAL: Princeton Village
DATE OF BURIAL: 8/25 1931
UNDERTAKER: Geo. P. Ross
ADDRESS: Princeton

Filed 8/26 1931 John P. Bornhöldt
Registrar

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PLACE OF DEATH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of
(No. 1, St.; Ward)

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 1
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Ernestine Herber

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) Dec. | (Day) 21 | (Year) 1861

AGE 70 Years, 2 Months, Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

BIRTHPLACE (State or country) Wisconsin

NAME OF FATHER A. Bohland

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION Housewife

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

(Informant) Henry Herber

(Address) Princeton, Minn.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Feb. | (Day) 21 | (Year) 1932

I HEREBY CERTIFY, That I attended deceased from Saw body post mortem only, 19
that I last saw h alive on 2/21/32/9 A.M., 19
and that death occurred, on the date stated above, at 8 P.M.
The CAUSE OF DEATH was as follows:

Probably heart disease

(DURATION) DAYS

Contributory Senility

(DURATION) DAYS

(Signed) H. C. Cooney M. D.
2/21 1932 (Address) Princeton Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Vil of Princeton | DATE OF BURIAL: 2/23 1932
UNDERTAKER: Geo. P. Ross | ADDRESS: Princeton Minn
Filed 2/26 1932 John P. Borgwaldt Registrar

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 2
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Sophia Dorothea Mikkandt

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH: (Month) Feb | (Day) 20 | (Year) 1841

AGE 91 Years, 2 Months, 19 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

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

BIRTHPLACE (State or country) Germany

NAME OF FATHER Mr Hermann

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Miss Zinn

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION Housemaid

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

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) 5 | (Day) 8 | (Year) 1932

I HEREBY CERTIFY, That I attended deceased from Feb 1931, to May 8, 19 32
that I last saw h alive on May 7 1932
and that death occurred, on the date stated above, at 4 15 A.M.
The CAUSE OF DEATH was as follows:

Senility

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) G. R. Cooley M. D.
5/8 1932 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL: Twp of Princeton | DATE OF BURIAL: 5/11 1932
UNDERTAKER: Geo P Ross | ADDRESS: Princeton Minn
Filed 5/10 1932 John P Borgwaldt Reg

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 3
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Baby Girl Olson

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) July | (Day) 7 | (Year) 1932

AGE Years, Months, 1 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

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

BIRTHPLACE (State or country) Minnesota

NAME OF FATHER Bennie Olson

BIRTHPLACE OF FATHER (State or country) Minnesota

MAIDEN NAME OF MOTHER Lillian Hatch

BIRTHPLACE OF MOTHER (State or country) Minnesota

OCCUPATION

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

(Informant) Bennie Olson

(Address) Princeton Minn

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) July | (Day) 8 | (Year) 1932

I HEREBY CERTIFY, That I attended deceased from July 7 1932 to July 8 th, 19 32
that I last saw h alive on July 8 th, 19 32
and that death occurred, on the date stated above, at 3 20 P.M.
The CAUSE OF DEATH was as follows:

Heart Disease

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Guy R. Cooley M. D.
7/8 1932 (Address) Princeton, Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: 7-10 1932
UNDERTAKER: Geo P Ross | ADDRESS: Princeton Minn
Filed 7-11 1932 John P Borgwaldt Registrar

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 4
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Mary Annie Gertrude Olsfurs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH: (Month) Aug. | (Day) 25 | (Year) 1853

AGE 79 Years, 1 Months, 8 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

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

BIRTHPLACE (State or country) Germany

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION Housemaid

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

(Informant) Otto Olsfurs

(Address) Princeton Minn

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Oct | (Day) 3 | (Year) 1932

I HEREBY CERTIFY, That I attended deceased from Oct 3rd 1932, to Oct 3rd, 19 32
that I last saw h alive on Oct 3rd, 19 32
and that death occurred, on the date stated above, at 12 55 P.M.
The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(DURATION) 4 DAYS

Contributory Senility

(DURATION) DAYS

(Signed) H. C. Cooney M. D.
10/3 1932 (Address) Princeton, Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Prospect Hill Cem. Faith church | DATE OF BURIAL: 10-6 1932
UNDERTAKER: H. Sirene | ADDRESS: Milaca Minn
Filed 10-8 1932 John P Borgwaldt Registrar

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 5
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Carolina Liebarth

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) Jan | (Day) 20 | (Year) 1853

AGE 79 Years, 8 Months, 20 Days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) Germany

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION Housewife

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

(Informant) Leonard Liebarth

(Address) Princeton, Minn.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Oct | (Day) 10 | (Year) 1932

I HEREBY CERTIFY, That I attended deceased from ____ 19__, to ____, 19__

that I last saw h__ alive on ____, 19__

and that death occurred, on the date stated above, at 12:15 P.M.

The CAUSE OF DEATH was as follows:

Sudden heart death

Viewed corpse after sudden death only. No previous treatment

(DURATION) ____ DAYS

Contributory Senility

(DURATION) ____ DAYS

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

10/11 1932 (Address) Princeton, Minn.

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Twp Church | DATE OF BURIAL: 10/13 1932

UNDERTAKER: H. Sivene | ADDRESS: Milaca Minn

Filed 10/17 1932 John P. Boomhower

229

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 1
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Esther Alvina Samuelson

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) Jan | (Day) 31 | (Year) 1893

AGE 39 Years, 11 Months, 9 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Wife of Erick Samuelson Married

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) Minnesota

NAME OF FATHER Ole P. Erickson

BIRTHPLACE OF FATHER (State or country) Sweden

MAIDEN NAME OF MOTHER Samuelson

BIRTHPLACE OF MOTHER (State or country) Sweden

OCCUPATION Housewife

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

(Informant) Ole P. Erickson

(Address) Alvina, Minn.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Jan | (Day) 10 | (Year) 1933

I HEREBY CERTIFY, That I attended deceased from Jan 7 1933, to Jan 10, 1933

that I last saw h__ alive on Jan 9, 1933

and that death occurred, on the date stated above, at 8:45 A.M.

The CAUSE OF DEATH was as follows:

Pleurisy with Effusion?

(DURATION) 1 wk DAYS

Contributory Influenza, lobar pneumonia, acute cardiac dilatation, general debility (DURATION) 3 wk DAYS

(Signed) Elmer W. Hansen M. D.

1/11 1933 (Address) Princeton, Minn.

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

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

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

PLACE OF BURIAL OR REMOVAL: Olivia, Minn | DATE OF BURIAL: ____ 19__

UNDERTAKER: M. C. Carlson | ADDRESS: Princeton

Filed 1/14 1933 John P. Boomhower

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 6
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Richard H. Rosin

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH: (Month) May | (Day) 30 | (Year) 1882

AGE 50 Years, 4 Months, 12 Days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) Germany

NAME OF FATHER Theodore Rosin

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Hulda Pinty

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION Farmer

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

(Informant) Otto Rosin

(Address) Princeton

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Oct | (Day) 17 | (Year) 1932

I HEREBY CERTIFY, That I attended deceased from Oct 12 1932, to Oct 12, 1932

that I last saw h~~im~~ alive on Oct 12, 1932

and that death occurred, on the date stated above, at 10:45 P.M.

The CAUSE OF DEATH was as follows:

Diabetes

(DURATION) 2 yrs. DAYS

Contributory ~~Cardiac~~ Goitre

(DURATION) 1 yr. DAYS

(Signed) G. P. Caley M. D.

10/13 1932 (Address) Princeton, Minn.

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Vil | DATE OF BURIAL: 10-14 1932

UNDERTAKER: H. Sivene | ADDRESS: Milaca

Filed 10/17 1932 John P. Boomhower

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 2
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Mary Kirchoff

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) Aug | (Day) 4 | (Year) 1857

AGE 76 Years, 2 Months, 5 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) Dixonville, Ia.

NAME OF FATHER John Faber

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION Housewife

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

(Informant) Clemens Kirchoff

(Address) Princeton, Minn.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Oct | (Day) 9 | (Year) 1933

I HEREBY CERTIFY, That I attended deceased from Sept 17 1933, to Oct 9, 1933

that I last saw h~~er~~ alive on Oct 1st, 1933

and that death occurred, on the date stated above, at 7:10 P.M.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(DURATION) 7-1 DAYS

Contributory Goitre Tobacco

(DURATION) 5 yrs. DAYS

(Signed) G. P. Caley M. D.

10/10 1933 (Address) Princeton, Minn.

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

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

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

PLACE OF BURIAL OR REMOVAL: Vil of Princeton | DATE OF BURIAL: 10/11 1933

UNDERTAKER: M. C. Carlson | ADDRESS: Princeton

Filed 10/14 1933 John P. Boomhower Registrar

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 3
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME John Haveland Backoven

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Jan | (Day) 15 | (Year) 1859

AGE 74 Years, 10 Months, 0 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) Minnesota

NAME OF FATHER Geo. Backoven

BIRTHPLACE OF FATHER (State or country) Scotland

MAIDEN NAME OF MOTHER Sophie Brooks

BIRTHPLACE OF MOTHER (State or country) Holland

OCCUPATION Retired, Real estate agt.

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

(Informant) Alvie Backoven

(Address) Princeton

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Nov. | (Day) 15 | (Year) 1933

I HEREBY CERTIFY, That I attended deceased from Oct 8th 1933, to Nov. 15, 1933

that I last saw him alive on Oct 15, 1933

and that death occurred, on the date stated above, at 12:30 P.M.

The CAUSE OF DEATH was as follows:

Cerebral Hemorahge, 2nd

(DURATION) 3 hrs DAYS

Contributory Cerebral Hemorahge 13 mo.

Arterio Sclerosis (DURATION) 5 yrs DAYS

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

11/15 1933 (Address) Princeton, Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Vil. of Princeton | DATE OF BURIAL: Nov. 18 1933

UNDERTAKER: M.C. Carlson | ADDRESS: Princeton, Minn

Filed 11/17 1933 John P. Bornhold

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 1
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Martin Alfred Carlson

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Nov. | (Day) 10 | (Year) 1855

AGE 78 Years, 2 Months, 8 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) Sweden

NAME OF FATHER Carl Anderson

BIRTHPLACE OF FATHER (State or country) Sweden

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Sweden

OCCUPATION Farmer

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

(Informant) Minnie Carlson

(Address) Borgus Falls

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Jan | (Day) 18 | (Year) 1934

I HEREBY CERTIFY, That I attended deceased from Oct 1933, to Jan 18, 1934

that I last saw him alive on Jan 18, 1934

and that death occurred, on the date stated above, at 3:30 P.M.

The CAUSE OF DEATH was as follows:

Nephritis

(DURATION) 2 years DAYS

Contributory Senility (DURATION) DAYS

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

1/18 1934 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton Vil. | DATE OF BURIAL: Jan 21 1934

UNDERTAKER: M.C. Carlson | ADDRESS: Princeton

Filed 1/24 1934 John P. Bornhold

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 4
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME William August Schilling

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Sept | (Day) 16 | (Year) 1860

AGE 73 Years, 1 Months, 29 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) Minnesota

NAME OF FATHER Wm Schilling

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mink

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION Farmer

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

(Informant) Mrs. L. D. Backoven

(Address) Princeton

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Dec | (Day) 15 | (Year) 1933

I HEREBY CERTIFY, That I attended deceased from ____ 19__, to ____, 19__

that I last saw h__ alive on ____, 19__

and that death occurred, on the date stated above, at ____ M.

The CAUSE OF DEATH was as follows:

Found dead. Apparently died from a heart disease and had been dead about 2 days (DURATION) ____ DAYS

Contributory ____ (DURATION) ____ DAYS

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

12/18 1933 (Address) Princeton, Minn

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

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

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

PLACE OF BURIAL OR REMOVAL: Princeton | DATE OF BURIAL: 12/19 1933

UNDERTAKER: M.C. Carlson | ADDRESS: Princeton, Minn

Filed 12/21 1933 John P. Bornhold Registrar

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 2
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Albert Reichow

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Aug | (Day) 10 | (Year) 1870

AGE 63 Years, 8 Months, 1 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) Minnesota

NAME OF FATHER Fred Reichow

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Kreiger

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION Farmer

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

(Informant) Wm F. Reichow

(Address) 459 Aldine St Paul

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Apr | (Day) 22 | (Year) 1934

I HEREBY CERTIFY, That I attended deceased from ____ 19__, to ____, 19__

that I last saw h__ alive on ____, 19__

and that death occurred, on the date stated above, at ____ M.

The CAUSE OF DEATH was as follows:

Chronic Alcoholism

(DURATION) 10 yrs. DAYS

Contributory ____ (DURATION) ____ DAYS

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

4/22 1934 (Address) Princeton

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

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

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

PLACE OF BURIAL OR REMOVAL: ____ | DATE OF BURIAL: ____ 19__

UNDERTAKER: M.C. Carlson | ADDRESS: Princeton, Minn

Filed 4/23 1934 John P. Bornhold

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 3
[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.]

(No. , St.; Ward)

FULL NAME Wm Bowermaster

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH	(Month)	(Day)	(Year)
	Nov.	21	1858

AGE 75 Years, 11 Months, 29 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE / NUMBER OF CHILDREN — If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) Indiana

NAME OF FATHER Thomas Bowerman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Sampson

BIRTHPLACE OF MOTHER (State or country) Iowa

OCCUPATION Farmer

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

(Informant) Carl Bowermaster

(Address) Princeton Rt 4

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month)	(Day)	(Year)
	Nov.	20	1934

I HEREBY CERTIFY, That I attended deceased from Sept 15 1934, to Nov 20, 1934
that I last saw h~~im~~ alive on Nov 19, 1934
and that death occurred, on the date stated above, at 1:05 A M.
The CAUSE OF DEATH was as follows:

Abscesses

(DURATION) 3 DAYS
Contributory Chronic Bright's disease
(DURATION) 7 yrs DAYS

(Signed) G. A. Caley M. D.
11/20 1934 (Address) Princeton

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

PLACE OF BURIAL OR REMOVAL: Forest Hill Milaca, Minn. | DATE OF BURIAL: 11/23 1934
UNDERTAKER: H. Sirene | ADDRESS: Milaca Minn
Filed 11/24 1934 John P. Bromfield Register

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 4
[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.]

(No. 1 , St.; Ward)

FULL NAME Baby De Jong

PERSONAL AND STATISTICAL PARTICULARS

SEX | COLOR

DATE OF BIRTH	(Month)	(Day)	(Year)
	Feb	28	35

AGE 0 Years, 0 Months, 0 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN — If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) Minnesota

NAME OF FATHER Alfred De Jong

BIRTHPLACE OF FATHER (State or country) Iowa

MAIDEN NAME OF MOTHER Mary Bergerson

BIRTHPLACE OF MOTHER (State or country) Minnesota

OCCUPATION Farmer

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

(Informant) Alfred De Jong

(Address) Princeton Minn

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month)	(Day)	(Year)
	Feb	28	1935

I HEREBY CERTIFY, That I attended deceased from ____ 19__, to ____, 19__
that I last saw h___ alive on ____, 19__
and that death occurred, on the date stated above, at ____ M.
The CAUSE OF DEATH was as follows:

Still born.
Suit baby had been dead 6 weeks or 2 months
(DURATION) ____ DAYS
Contributory ____
(DURATION) ____ DAYS

(Signed) G. A. Caley M. D.
19__ (Address) Princeton

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

PLACE OF BURIAL OR REMOVAL: Ceaser | DATE OF BURIAL: 2/28 1935
UNDERTAKER: M C Carlson | ADDRESS: Princeton Minn
Filed 3-5 1935 Geo Borchard

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 5
[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.]

(No. R , St.; Ward)

FULL NAME Emma C Trueck

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH	(Month)	(Day)	(Year)
	March	11	1863

AGE 72 Years, 2 Months, 22 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE / NUMBER OF CHILDREN — If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) Germany

NAME OF FATHER Fredrick Trueck

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER C Steinke

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION Housewife

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

(Informant) Gustav Trueck.

(Address) Princeton Minn

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month)	(Day)	(Year)
	June	3	1935

I HEREBY CERTIFY, That I attended deceased from Feb 25 1935, to June 3, 1935
that I last saw h~~im~~ alive on May 25, 1935
and that death occurred, on the date stated above, at 10:30 A M.
The CAUSE OF DEATH was as follows:

Diabetes Melatus

(DURATION) ____ DAYS
Contributory Ulcers on legs
(DURATION) 2 Months DAYS

(Signed) H C Cooney M. D.
6/4 1935 (Address) Princeton

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

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: June 6 1935
UNDERTAKER: Gerald Fellows | ADDRESS: Princeton Minn
Filed June 7 1935 Geo Borchard

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

(No. 3 , St.; Ward)

FULL NAME Dora Ellenbaum

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH	(Month)	(Day)	(Year)
	Jan	12	1865

AGE 70 Years, 4 Months, 26 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

AGE AT MARRIAGE / NUMBER OF CHILDREN — If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) Wyavetta Minn

NAME OF FATHER John Donnelley

BIRTHPLACE OF FATHER (State or country) Canada

MAIDEN NAME OF MOTHER Mary Edmison

BIRTHPLACE OF MOTHER (State or country) Indiana

OCCUPATION

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

(Informant) Lynn Ellenbaum

(Address) Princeton Minn

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month)	(Day)	(Year)
	June	4	1935

I HEREBY CERTIFY, That I attended deceased from June 4 1935, to June 8, 1935
that I last saw h~~er~~ alive on June 4, 1935
and that death occurred, on the date stated above, at 6 P M.
The CAUSE OF DEATH was as follows:

Myocarditis Mitte
Acute Coronary
Embolism
(DURATION) 56 DAYS
Contributory ____
(DURATION) ____ DAYS

(Signed) H C Cooney M. D.
19__ (Address) Princeton

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

PLACE OF BURIAL OR REMOVAL: Princeton | DATE OF BURIAL: 6-12 1935
UNDERTAKER: Gerald Fellows | ADDRESS: Princeton Minn
Filed 5 9 1935 Geo Borchard

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

(No. 4, St.; Ward)

FULL NAME Andrew Larson

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Oct | (Day) 11 | (Year) 1867

AGE 67 Years, 10 Months, 19 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country): Denmark

NAME OF FATHER: Dont know

BIRTHPLACE OF FATHER (State or country): Denmark

MAIDEN NAME OF MOTHER: Dont know

BIRTHPLACE OF MOTHER (State or country): Denmark

OCCUPATION: Farmer retired

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

(Informant) Art Larson

(Address) Princeton

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Aug | (Day) 30 | (Year) 1935

I HEREBY CERTIFY, That I attended deceased from ____ 19__, to ____, 19__

that I last saw h. I M alive on Never saw him alive, 19__

and that death occurred, on the date stated above, at 2:00 A.M.

The CAUSE OF DEATH was as follows:

Unknown

Saw him after death

(DURATION) ____ DAYS

Contributory E

(DURATION) ____ DAYS

(Signed) Elmer H. Barron M. D.

19__ (Address) ____

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

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

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

PLACE OF BURIAL OR REMOVAL ____ DATE OF BURIAL ____ 19__

UNDERTAKER M C Carlson ADDRESS Princeton Minn

Filed 8-30 1935 Geo Borchard

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

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 2881
[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.]

(No. 5, St.; Ward)

FULL NAME Anna amelia Kitzman Gerth

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) Nov | (Day) 10 | (Year) 1881

AGE 53 Years, 9 Months, 28 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country): Minn

NAME OF FATHER: Fred Kitzman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Eliza Krug

BIRTHPLACE OF MOTHER (State or country): Minnesota

OCCUPATION

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Geo Gerth

(Address) Princeton Minn

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Sept | (Day) 8 | (Year) 1935

I HEREBY CERTIFY, That I attended deceased from June 1932, to Sept 8, 1935

that I last saw h. alive on Sept 8, 1935

and that death occurred, on the date stated above, at 6:20 P.M.

The CAUSE OF DEATH was as follows:

Pulmonary T.B.

(DURATION) 3 years DAYS

Contributory ____

(DURATION) ____ DAYS

(Signed) E. C. Cooney M. D.

19__ (Address) Princeton Minn

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ____ How long at place of death? ____ Days

Where was disease contracted, if not at place of death? ____

PLACE OF BURIAL OR REMOVAL Princeton DATE OF BURIAL Sept 10 1935

UNDERTAKER M C Carlson ADDRESS ____

Filed Oct 8 1935 Geo Borchard

Reg

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PLACE OF DEATH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 6
[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.]

(No. 6, St.; Ward)

FULL NAME William Seefelt

PERSONAL AND STATISTICAL PARTICULARS

SEX ____ | COLOR ____

DATE OF BIRTH: (Month) April | (Day) 17 | (Year) ____

AGE 80 Years, 4 Months, 17 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country): Germany

NAME OF FATHER: Seefelt

BIRTHPLACE OF FATHER (State or country): Augusta Unknown

MAIDEN NAME OF MOTHER: ?

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Magdelena Seefelt

(Address) Princeton Minn

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Sept | (Day) 10 | (Year) 1935

I HEREBY CERTIFY, That I attended deceased from Aug 15 1935, to Sept 10, 1935

that I last saw h. alive on Sept 9, 1935

and that death occurred, on the date stated above, at 1:00 P.M.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(DURATION) 14 DAYS

Contributory ____

(DURATION) ____ DAYS

(Signed) G R Cooley M. D.

Sept 7 1935 (Address) Princeton Minn

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ____ How long at place of death? ____ Days

Where was disease contracted, if not at place of death? ____

PLACE OF BURIAL OR REMOVAL Princeton Minn DATE OF BURIAL 9-12 1935

UNDERTAKER Gerald Fellows ADDRESS ____

Filed Oct 7 1935 Geo Borchard

Reg

PLACE OF DEATH
County of Mille Lacs
Township of Princeton
or
Village of
or
City 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.]

(No. 1, St.; Ward)

FULL NAME John Hamann

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Nov | (Day) 1 | (Year) 1862

AGE 72 Years, 11 Months, 14 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country): Watertown Minn

NAME OF FATHER: Fredrick Hamann

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Seck

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs Anna Hamann

(Address) Princeton

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Oct | (Day) 15 | (Year) 1935

I HEREBY CERTIFY, That I attended deceased from Oct 9 1935, to Oct 15, 1935

that I last saw h. alive on Oct 14, 1935

and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH was as follows:

Cirrhosis of Liver

Asphyxia.

6 months (DURATION) ____ DAYS

Contributory ____

(DURATION) 3 weeks DAYS

(Signed) E C Cooney M. D.

19__ (Address) Princeton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ____ How long at place of death? ____ Days

Where was disease contracted, if not at place of death? ____

PLACE OF BURIAL OR REMOVAL Princeton DATE OF BURIAL 10-18 1935

UNDERTAKER Gerald Fellows ADDRESS ____

Filed Oct 18 1935 Geo Borchard

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PLACE OF DEATH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of (No. 8, St.; Ward)

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.]

FULL NAME Mrs Etha Cole Hosmer

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) Jan | (Day) 6 | (Year) 1860

AGE 75 Years, 10 Months, 4 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country): Minn

NAME OF FATHER: Cole

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Unknown.

OCCUPATION:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs Chris Iverson

(Address) Princeton

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Nov | (Day) 5 | (Year) 19 35

I HEREBY CERTIFY, That I attended deceased from Jan 1931, to Nov 5, 1935
that I last saw her alive on Nov 5, 1935
and that death occurred, on the date stated above, at 2 A M.
The CAUSE OF DEATH was as follows:

Chronic Nephritis

(DURATION) years DAYS

Contributory

(DURATION) DAYS

(Signed) H C Cooney M. D.

19 (Address) Princeton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ____ How long at place of death? ____ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Princeton | DATE OF BURIAL: 11-7 19 35

UNDERTAKER: Gerald Dillon | ADDRESS:

Filed Nov 6 1935 Geo Borchard

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PLACE OF DEATH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of (No. 1, St.; Ward)

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.]

FULL NAME Amanda Benning

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W.

DATE OF BIRTH: (Month) July | (Day) 7 | (Year) 1889

AGE 46 Years, 5 Months, 24 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country): Illinois

NAME OF FATHER: Germany

BIRTHPLACE OF FATHER (State or country): Carl Bandemer.

MAIDEN NAME OF MOTHER: Augusta Berlinsky

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Fred Benning

(Address) Princeton

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) | (Day) | (Year) 19

I HEREBY CERTIFY, That I attended deceased from May 3 1935, to Dec 10, 1935
that I last saw h alive on ____, 19
and that death occurred, on the date stated above, at 8.30 P M.
The CAUSE OF DEATH was as follows:

Chronic Idiopenterphlic arthritis.

(DURATION) 3 years

Contributory

(DURATION) DAYS

(Signed) M. D.

19 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ____ How long at place of death? ____ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Princeton | DATE OF BURIAL: 19

UNDERTAKER: M C Carlson | ADDRESS:

Filed Feb 8 1936 Geo Borchard.

PLACE OF DEATH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of (No. , St.; Ward)

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No.
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME August Fredrick Hopke.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Nov | (Day) 27 | (Year) 1849

AGE 85 Years, 11 Months, 14 Days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country): Germany.

NAME OF FATHER: August Fredrick Hopke

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Johanah Schmidt

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Amelia Hopke.

(Address) Princeton

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Nov | (Day) 11 | (Year) 19 35

I HEREBY CERTIFY, That I attended deceased from Nov 6 1935, to Nov 11, 1935
that I last saw h~~im~~ alive on Nov 6, 1935
and that death occurred, on the date stated above, at ____ M.
The CAUSE OF DEATH was as follows:

Cancer Sphincter ani.

(DURATION) 20 years DAYS

Contributory

(DURATION) DAYS

(Signed) H C Cooney M. D.

19 (Address) Princeton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ____ How long at place of death? ____ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Princeton | DATE OF BURIAL: 11/14 1935

UNDERTAKER: M C Carlson | ADDRESS:

Filed Dec 9 1935 Geo Borchard

PLACE OF DEATH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of (No. 2, St.; Ward)

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.]

FULL NAME Barbara Wolf.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W.

DATE OF BIRTH: (Month) Nov | (Day) 21 | (Year) 1884

AGE 51 Years, 1 Months, 29 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country): Minn

NAME OF FATHER: Joseph Wolf.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Barbara Kreiter

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Geo Wolf

(Address) Princeton

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Jan | (Day) 20 | (Year) 19 36

I HEREBY CERTIFY, That I attended deceased from Feb 21 1932, to Feb 20, 1935
that I last saw h alive on ____, 19
and that death occurred, on the date stated above, at 2.45 AM.
The CAUSE OF DEATH was as follows:

Unknown

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Elmer Hansen M. D.

19 (Address) Princeton Minn

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ____ How long at place of death? ____ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Princeton | DATE OF BURIAL: 1/26 19 36

UNDERTAKER: M C Carlson | ADDRESS:

Filed Feb 8 1936 Geo Borchard.

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PLACE OF DEATH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of (No. 3, St.; Ward)

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.]

FULL NAME Stover Rines

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH: (Month) Mar | (Day) 1 | (Year) 1861

AGE 75 Years, 1 Months, 16 Days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) Minnesota

NAME OF FATHER John Rines

BIRTHPLACE OF FATHER (State or country) Maine

MAIDEN NAME OF MOTHER Martha Chase

BIRTHPLACE OF MOTHER (State or country) Maine

OCCUPATION Farmer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Tom Rines

(Address) Princeton

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) April | (Day) 17 | (Year) 1936

I HEREBY CERTIFY, That I attended deceased from Jan 1936, to Mar 25, 1936

that I last saw h[illegible] alive on Mar 25, 1936

and that death occurred, on the date stated above, at 11.45 P M.

The CAUSE OF DEATH was as follows:

Arteriosclerosis

(DURATION) Years DAYS

Contributory

(DURATION) DAYS

(Signed) W A Blomberg M. D.

19 (Address) Princeton Minn

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ____ How long at place of death? ____ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: 4/20 1936

UNDERTAKER: M C Carlson | ADDRESS: Princeton

Filed May 10 1936 Geo Borchard

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PLACE OF DEATH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of (No. , St.; Ward)

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No.
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Stillson

PERSONAL AND STATISTICAL PARTICULARS

SEX | COLOR

DATE OF BIRTH: (Month) May | (Day) 12 | (Year) 36

AGE ____ Years, ____ Months, ____ Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country)

NAME OF FATHER Geo Schimming

BIRTHPLACE OF FATHER (State or country) Minn J

MAIDEN NAME OF MOTHER Clara F. Bolger

BIRTHPLACE OF MOTHER (State or country) Iowa

OCCUPATION Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) May | (Day) 12 | (Year) 1936

I HEREBY CERTIFY, That I attended deceased from 19, to May 12, 1936

that I last saw h alive on May 12, 1936

and that death occurred, on the date stated above, at M.

The CAUSE OF DEATH was as follows:

(DURATION) DAYS

Contributory Was born at 7 months

Dead 2 months (DURATION) DAYS

(Signed) G R Caley M. D.

19 (Address) Princeton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ____ How long at place of death? ____ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL: 19

UNDERTAKER | ADDRESS

Filed Aug 8 1936 Geo Borchard

PLACE OF DEATH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of (No. 4, St.; Ward)

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.]

FULL NAME Bertha Steinbach

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) Oct | (Day) 6 | (Year) 1860

AGE 75 Years, 6 Months, 29 Days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) Germany

NAME OF FATHER Dont know

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dont know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Oscar Steinbach

(Address) Minneapolis Minn

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) May | (Day) 5 | (Year) 1936

I HEREBY CERTIFY, That I attended deceased from May 4 1936, to May 5, 1936

that I last saw h[illegible] alive on May 5, 1936

and that death occurred, on the date stated above, at 2.30 P M.

The CAUSE OF DEATH was as follows:

Apoplexy Cerebral

(DURATION) 24 hrs DAYS

Contributory Arteriosclerosis

(DURATION) years DAYS

(Signed) W. R. Blomberg M. D.

19 (Address) Princeton Minn

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ____ How long at place of death? ____ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Princeton | DATE OF BURIAL: 5-8 1936

UNDERTAKER: M C Carlson | ADDRESS

Filed June 10 1936 Geo Borchard

PLACE OF DEATH
County of Mille Lacs
Township of Princeton
or
Village of
or
City of (No. , St.; Ward)

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No.
[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Emma A. Shrode

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH: (Month) aug | (Day) 12 | (Year) 1855

AGE 81 Years, 1 Months, 19 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN: If married, age at (first) marriage ____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country) Indiana.

NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Gilbert - Gee

MAIDEN NAME OF MOTHER Sarah Scott

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Wm Shrode

(Address) Princeton

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Oct | (Day) 1 | (Year) 1936

I HEREBY CERTIFY, That I attended deceased from Sept 1936, to Oct, 1936

that I last saw h[illegible] alive on Sept 28, 1936

and that death occurred, on the date stated above, at 7.15 P.M.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(DURATION) 1 week DAYS

Contributory

(DURATION) DAYS

(Signed) G. R. Caley M. D.

19 (Address) Princeton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence ____ How long at place of death? ____ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Princeton Minn | DATE OF BURIAL: 10/4 1936

UNDERTAKER: M. C. Carlson | ADDRESS: Princeton

Filed Nov 3 1936 Geo Borchard

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PLACE OF DEATH

County of _____

Township of _____
or
Village of _____
or
City 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.]

(No. _____, _____ St.; _____ Ward)

FULL NAME _____

PERSONAL AND STATISTICAL PARTICULARS

SEX | COLOR

DATE OF BIRTH | (Month) | (Day) | (Year)

AGE

_____ Years, _____ Months, _____ Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN — If married, age at (first) marriage _____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) _____

(Address) _____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH | (Month) | (Day) | (Year) 19____

I HEREBY CERTIFY, That I attended deceased from _____ 19____, to _____, 19____

that I last saw h____ alive on _____, 19____

and that death occurred, on the date stated above, at _____ M.

The CAUSE OF DEATH was as follows:

_____

_____

_____

_____ (DURATION) _____ DAYS

Contributory _____

_____ (DURATION) _____ DAYS

(Signed) _____ M. D.

_____ 19____ (Address) _____

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence _____ How long at place of death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL _____ 19____

UNDERTAKER | ADDRESS

Filed

_____ 19____ _____

PLACE OF DEATH

County of _____

Township of _____
or
Village of _____
or
City 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.]

(No. _____, _____ St.; _____ Ward)

FULL NAME _____

PERSONAL AND STATISTICAL PARTICULARS

SEX | COLOR

DATE OF BIRTH | (Month) | (Day) | (Year)

AGE

_____ Years, _____ Months, _____ Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

AGE AT MARRIAGE / NUMBER OF CHILDREN — If married, age at (first) marriage _____ years; Parent of ___ children, of whom ___ are living

BIRTHPLACE (State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) _____

(Address) _____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH | (Month) | (Day) | (Year) 19____

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PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL _____ 19____

UNDERTAKER | ADDRESS

Filed

_____ 19____ _____