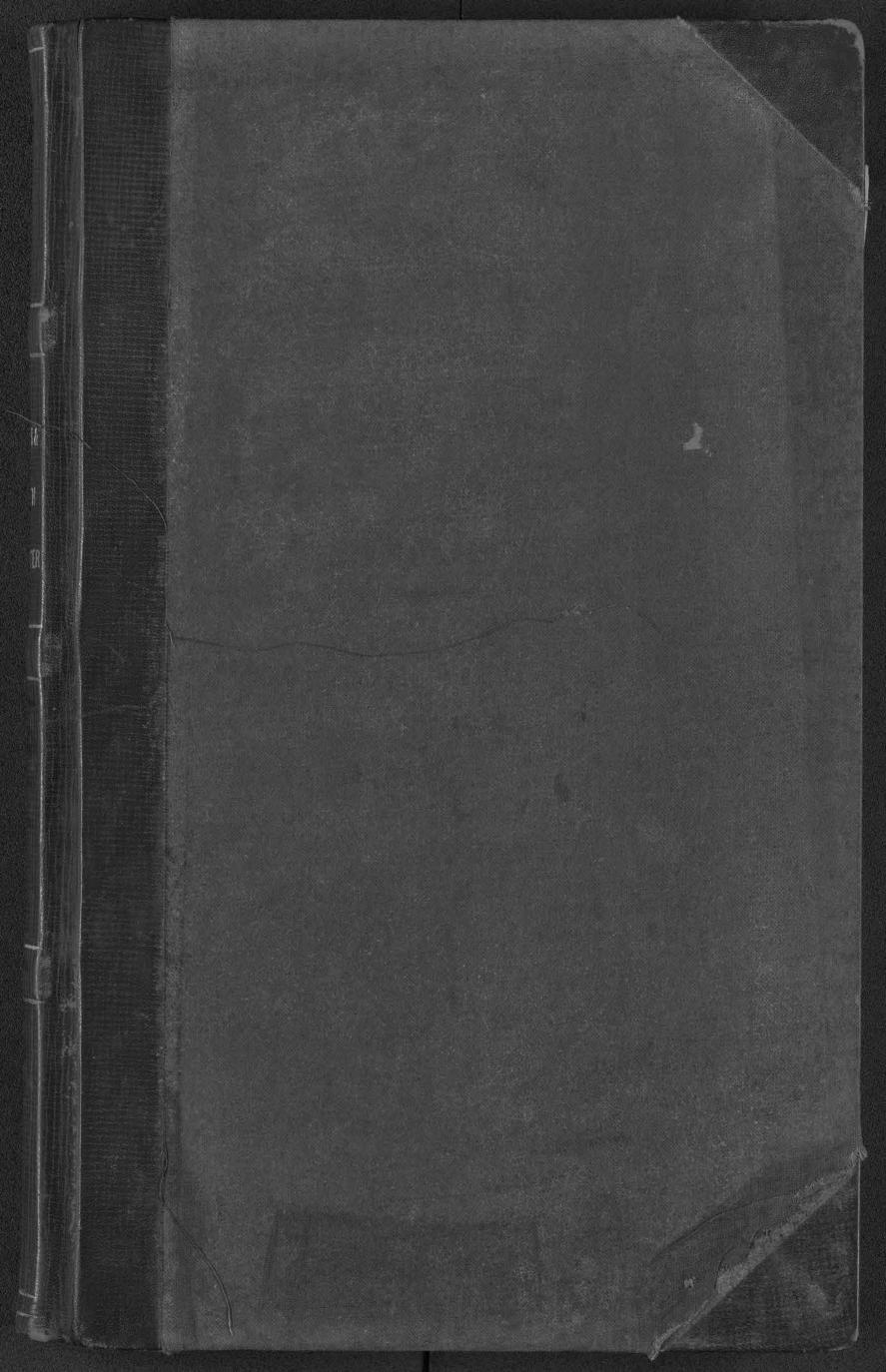


Princeton (Minn. : Township).
Birth and Death Certificates.

## **Copyright Notice:**

This material may be protected by copyright law (U.S. Code, Title 17). Researchers are liable for any infringement. For more information, visit <a href="https://www.mnhs.org/copyright">www.mnhs.org/copyright</a>.



BOOTH'S

THE ARE THE SECOND TO ADDRESS OF THE

BOOTH'S

B

G

## 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, INC., PUBLISHERS

**BIRTHS DEATHS** B Jonas def Russten D. 161 Sattie Van Warmer P 161 Samer Edwin Lanford 162 F JX Minnesota Department of Sealth 469 State office Bolly St Paul,

BIRTHS

**BIRTHS BIRTHS DEATHS DEATHS** Clair Bergreon Page, Jylia Boyn \$165 1. 2 Ethel Bullford 168 Jones Elm Jaroford Um Bounholdt. 173 1 Bockoven "8 BIRTHS Duane Bekurie " 11 Joir Bergmann" 16. EFG X 14 N 0 P R ST XXX

	BIRTHS	DEATHS	BIRTHS	DEATHS
		•		
YX		and the same of the	The state of the s	
E		The thoroughout (School and the State of the		
F				
				E
				F
		•		
				G
				H
				The state of the s
				8
				I
				The state of the s
				M
				N
				0
				P
				Q
				R
				S
				T
				U
100				The state of the s
				No. of the second secon
				X
The Sale of				Y
-				

BIRTHS

BIRTHS	DEATHS	BIRTHS	DEATHS
6 8		Roger Lee Gente p 17 Jane Gens P 18	H.C. Havington 163.
G			
			G
			H
			K
			L
			Mc
			N
			0
			P
			R
			S
			U
			V
			¥
			Y
			2

BIRTHS	DEATHS	BIRTHS	DEATHS
Ruby mae Jemnison P. 4	There des Parties 12 12	Collen Carol Jones P 17	
I T	*		
J			
			K
			M
			Mc
			N
			0
			P
	•	<b>S.</b>	Q
			R
			S
	*		T
			U
			V
			Y
			X
			T
			2

BIRTHS	DEATHS	BIRTHS	DEATHS
	A TOTAL CONTRACTOR OF THE PARTY	Seider P16	ALL MARKETTER PROPERTY AND ASSESSMENT
			Robert On a continue of the second
			8
K			All and a second se
L			
			K
			M
			Mc
			N
			0
			P
			Q
			R
			S
			T
			U
			W.

BIRTHS	DEATHS	BIRTHS	DEATHS
		nuk skhu Mott P 9 majur "13,	Nich John Matt P. 162 Robert Mc Minn, P 164
		<b>+</b>	3
M			
Mc			Mc
			NO
			PQR
			ST
			X

BIRTHS **DEATHS** BIRTHS **DEATHS** Denyel Oaker Page 3. Roman arthur Otto P 10 James Repet Oliver P. 18 BIRTHS 8. 5 S WXYZ

DEATHS **BIRTHS DEATHS BIRTHS** Barbara Shrley B. Peterson P- 9. BIRTHS PQ P STUV W X Y Z

BIRTHS	DEATHS	BIRTHS	DEATHS
			amanda Thoma P. 163
	Berlower Rockerson II		
T			
U			
			TI
			W
			X
			Y

BIRTHS	DEATHS	BIRTHS	DEATHS
DIXTIB	DEATTIS	BIRTHS Page Bernard LeRy Wesloh (	DLATID
		Bernard LeRy Weslow 1	
	X-11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
		Week. 12	
		Veal: P. 13 Janice Villnon P 14	
V			
W			
			· · · · · · · · · · · · · · · · · · ·
			W
			Y

BIRTHS	DEATHS	BIRTHS	DEATHS
		Robert Jufarth 1-14	
V			
X			
Y			
			X
			Y

BIRTHS DEATHS BIRTHS DEATHS BIRTHS

BIRTHS	DEATHS	BIRTHS	DEATHS
		THE PART OF THE	TO THE REAL PROPERTY.
			West of the second seco

PLACE OF BIRTH  1. County of Mille Juce	THE STATE OF MINNESOTA Division of Vital Statistics
Township of Annelon	CERTIFICATE OF BIRTH
or Reg. Dist	trict No. No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)
Village of	(Above numbers to be fined in only by local registrat of insteplacy)
City of (No	birth occurred in a hospital or institution, give its NAME instead of street and number)
OF CHILD / Jeman Tellar (Please PRINT names in capitals)	Y Supplemental report as direct
Olan births )	Premature 7. Legiti- 8. Date of Dec hirth (Month, day, year) 190
(PRINT) FATHER	(PRINT) MOTHER
9. Full Edwin & Weston	16. Full maiden Evenlyn. M. Enmark
10. Residence (usual place of abode) (If nonresident, give place and State)	17. Residence (usual place of abode) (If nonresident, give place and State)
11. Color or race W 12. Age at last birthday 29.	(years) 18. Color or race 2 19. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or country)	20. Birthplace (city or place)
11.000	
bookkeeper, etc. Fanner.	of work done, as housekeeper, twenty
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.	21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and n	ow living (b) Born alive but now dead (c) Stillborn
24. If stillborn, period of gestation (months) or weeks 25. Cause of stillbir	rth Before Labor
	(During Labor
26. Was 1% silver nitrate used to prevent infant blindness? Yes	
I hereby certify that I attended the birth of this chil on the date above stated, and that the above facts as giv	en (Born Alive or Born Dead)
are true to the best of my knowledge, information and b	re) N. / Jeompey.
*When there was no attending physician or mid- wife, then the father, householder, etc., must make	PHYSICIAN, MIDWIFE, PARENT OF INFORMANT (Cross out words which do not apply)
(this return. )	lec / Address
Given name added from a supple-	(Signature) Seo Forehard
	, 1986 Address
PLACE OF SIRTH	THE STATE OF MINNESOTA  Division of Vital Statistics
PLACE OF SIRTH	THE STATE OF MINNESOTA
PLACE OF BIRTH  1. County of Mills Jacs  Township of Pinnelton  or Reg. Dist	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH  No. in Registration Book
PLACE OF SIRTH  County of Mille Jaca  Township of Pinneston  Village of Reg. Dist	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH  No. in Registration Book.  (Above numbers to be filled in only by local registrar or his deputy)
PLACE OF SIRTH  1. County of Mills Jacs  Township of Punction  Village of Reg. Dist  Or O	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH  No. in Registration Book.  (Above numbers to be filled in only by local registrar or his deputy)
PLACE OF SIRTH  1. County of Mills Jacs  Township of Punceton  Village of Reg. Dist  Or (No	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH  No. in Registration Book  (Above numbers to be filled in only by local registrar or his deputy)  , St.; Wa
PLACE OF FIRTH  County of Mile Jaca  Township of Pinnelton  Village of Reg. Dist  Or City of (No. (If)  C. FULL NAME (Please PRINT names in capitals)	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH  Trict No. No. in Registration Book
PLACE OF BIRTH  County of Mills Jack  Township of Planceton  Village of City of (No. (III)  FULL NAME OF CHILD Flease PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other births  5. Number, in order of birth	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH  No. in Registration Book  (Above numbers to be filled in only by local registrar or his deputy)  St.; Was  birth occurred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, m  supplemental report as direct  Premature 7. Legiti-  will term 7. Legiti-  (Month flay, year)
PLACE OF SIRTH  County of Mills Jack  Township of Punceton  Village of Reg. Dist  Or City of (No. (If )  FULL NAME OF CHILD Pry  Flease PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other births  (PRINT) FATHER	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH  No. in Registration Book.  (Above numbers to be filled in only by local registrar or his deputy)  birth occurred in a hospital or institution, give its NAME instead of street and number)  Set July 192  Premature 7. Legiti- 9. 8. Date of May 7 192
PLACE OF BIRTH  County of Mills Jack  Township of Punceton  Village of Reg. Dist  OF CHILD Flease PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other births  (PRINT) FATHER  9. Full name  Claux Bergelon  Father	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH  No. in Registration Book.  (Above numbers to be filled in only by local registrar or his deputy)  St.; Was birth occurred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, m supplemental report as direct and number of the supplemental report as direct supplemental report supplemental rep
PLACE OF SIRTH  County of Mills Jack  Township of Punction  Village of Reg. Dist  Village of (No. (If)  FULL NAME OF CHILD Prease PRINT names in capitals)  Sex If plural 4. Twin, triplet, or other 6. Phirths  S. Number, in order of birth FATHER  P. Full name  O. Residence (usual place of abode) (If nonresident, give place and State)	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH  Prict No. In Registration Book.  (Above numbers to be filled in only by local registrar or his deputy)  St.; Washirth occurred in a hospital or institution, give its NAME instead of street and number)  Supplemental report as direct and place of birth (Month, lay, year)  (PRINT)  MOTHER  17. Residence (usual place of abode)  (If nonresident, give place and State)
PLACE OF BIRTH  County of Mills Sacs  Township of Planceton  Village of Reg. Dist  OF CHILD Planceton  Flease PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other 6. Planceton  (PRINT) FATHER  9. Full name  O. Residence (usual place of abode) (If nonresident, give place and State)  1. Color or race 12. Age at last birthday 77	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  St.; Wa birth occurred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, m supplemental report as direct  Premature 7. Legiti- mate 4. 8. Date of birth (Month Play, year)  (PRINT) MOTHER  16. Full maiden name  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race 19. Age at last birthday 24. (years)
Township of Princeton  Village of Reg. Dist  Village of (No. (If )  2. FULL NAME (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other birth (PRINT)  FATHER  9. Full law Sergueor  10. Residence (usual place of abode) (If nonresident, give place and State)  11. Color or race 12. Age at last birthday 17 (State or country)  12. Age at last birthday 17 (State or country)	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH  Trict No. 2 No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  St.; Washirth occurred in a hospital or institution, give its NAME instead of street and number)  Fremature 7. Legiti- uil term 8. Date of birth (Month lay, year)  (PRINT) MOTHER  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race 19. Age at last birthday 14 (years)  18. Color or race 19. Age at last birthday 14 (years)  19. Age at last birthday 14 (years)
PLACE OF SIRTH  County of Mile Jack  Township of Pinneston  Village of Reg. Dist  OF City of (No. (If)  Property (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other birth (PRINT)  (PRINT) FATHER  9. Full lack Berguer  O. Residence (usual place of abode) (If nonresident, give place and State)  1. Color or race 12. Age at last birthday J7 (State or country)  Buckton	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH  No. in Registration Book.  (Above numbers to be filled in only by local registrar or his deputy)  St.; Washirth occurred in a hospital or institution, give its NAME instead of street and number)  Fremature 7. Legiti-  Ull term 8. Date of birth (Month lay, year)  (PRINT) MOTHER  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race 19. Age at last birthday 24 (years)  18. Color or race 19. Age at last birthday 24 (years)  19. Age at last birthday 24 (years)
PLACE OF BIRTH  County of Mills Jack  Township of Punction  Village of Reg. Dist  Village of (No. (If)  FULL NAME OF CHILD Flease PRINT names in capitals)  Sex If plural 4. Twin, triplet, or other birth  FATHER  P. Full name PRINT  G. Residence (usual place of abode) (If nonresident, give place and State)  1. Color or race 12. Age at last birthday J7  3. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory,	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH  Prict No. 1. Registration Book  (Above numbers to be filled in only by local registrar or his deputy)  St.; Washirth occurred in a hospital or institution, give its NAME instead of street and number)  Fremature 7. Legiti- 1. St. in washirth occurred in a hospital or institution, give its NAME instead of street and number)  Fremature 7. Legiti- 1. St. in washirth of birth 1. Morther 1. Residence (usual place of abode (If nonresident, give place and State)  17. Residence (usual place of abode (If nonresident, give place and State)  18. Color or race 19. Age at last birthday 14 (years)  18. Color or race 19. Age at last birthday 14 (years)  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home,
PLACE OF SIRTH  County of Mills Jack  Township of Punceton  Village of Reg. Dist  Village of (No. (If)  FULL NAME OF CHILD Prease PRINT names in capitals)  Sex If plural 4. Twin, triplet, or other birth  FATHER  P. Full name  Reg. Dist  (No. (If)  FOR CHILD Prease PRINT names in capitals)  FATHER  P. Full name  Reg. Dist  (No. (If)  For Child Prease PRINT names in capitals)  1. Color or trace 1. Twin, triplet, or other preasure of the preasur	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH  No. in Registration Book.  (Above numbers to be filled in only by local registrar or his deputy)  St.; Washirth occurred in a hospital or institution, give its NAME instead of street and number)  Premature
PLACE OF BIRTH  County of Plance  Township of Plance  or Village of (No. (Iff)  OF CHILD Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other (PRINT)  FATHER  P. Full Plance (State or country)  O. Residence (usual place of abode) (If nonresident, give place and State)  1. Color or race (State or country)  1. Age at last birthday 77  3. Birthplace (city or place) (State or country)  1. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  1. Industry or business in which work was done, as factory, office, bank, etc.  3. Number of children of this mother (At time of this birth and including this child) (a) Born alive and not the stillborn, (months)	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  birth occurred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, m supplemental report as direct  Premature 7. Legitimate 8. Date of birth (Month Play, year)  (PRINT) MOTHER  16. Full maiden name  17. Residence (usual place of abode (If nonresident, give place and State)  18. Color or race 19. Age at last birthday 19. (years)  18. Color or race 19. Age at last birthday 19. (years)  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  ow living 3 (b) Born alive but now dead 6 (c) Stillborn  Before Labor
PLACE OF BIRTH  1. County of Mile Jack  Township of Punceton  Por Village of Structure of City of Children of City of Cit	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  birth occurred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, m   Supplemental report as direct  Premature
PLACE OF BIRTH  1. County of Mile Jack  Township of Pure Reg. Dist  Village of OF CHILD Please PRINT names in capitals  3. Sex If plural 4. Twin, triplet, or other OF CHILD Pricase PRINT names in capitals  4. Twin, triplet, or other OF CHILD PRINT PATHER  9. Full Name Particular Pricase Print Pather  10. Residence (usual place of abode) (If nonresident, give place and State)  11. Color or race Print Pricase Pricase Print Pricase Pricase Print Pricase Pricase Print Pricase Pri	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  birth occurred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, m   Supplemental report as direct  Premature
PLACE OF BIRTH  County of Mile Sacs  Township of Punction  Village of Reg. Dist  Village of (No. (If i)  OF CHILD Personeth Pry  Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other 6. Phirths  5. Number, in order of birth  FATHER  9. Full Name Print Particular Pry  (PRINT) FATHER  9. Full Claux Berguer  1. Color or race 12. Age at last birthday 17.  3. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  3. Number of children of this mother (At time of this birth and including this child) (a) Born alive and not the country of this child in the date above stated, and that the above facts as given the date above stated, and that the above facts as given the date above stated, and that the above facts as given the date above stated, and that the above facts as given the date above stated, and that the above facts as given the date above stated, and that the above facts as given the date above stated, and that the above facts as given the date above stated, and that the above facts as given the date above stated, and that the above facts as given the date above the control of the date above stated, and that the above facts as given the date above the control of the contro	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH  Trict No. 1. No. in Registration Book.  (Above numbers to be filled in only by local registrar or his deputy)  St.; Washirth occurred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, me supplemental report as direct birth.  (Month Jay, year)  (PRINT)  16. Full maiden name  17. Residence (usual place of abodit)  (If nonresident, give place and State)  18. Color or race  19. Age at last birthday 1/2 (years)  18. Color or race  19. Age at last birthday 1/2 (years)  20. Birthplace (city or place)  (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawer's office, factory, etc.  ow living  (b) Born alive but now dead  (c) Stillborn  (ENDING PHYSICIAN OR MIDWIFE*  d, who was (Born Alivgor Born Dead)
PLACE OF SIRTH  Township of Simulation  Township of Simulation  Personal State of City of Signature  Please PRINT names in capitals  Township of Simulation  Or City of Signature  Provided The Signature  OF CHILD Signature  Provided The Signature  OF CHILD Signature	THE STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  Birth occurred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, m  Supplemental report as direct and number)  If child is not yet named, m  Supplemental report as direct and number)  If child is not yet named, m  Supplemental report as direct and number)  If child is not yet named, m  Supplemental report as direct and number)  If child is not yet named, m  Supplemental report as direct and number)  If child is not yet named, m  Supplemental report as direct and number)  If child is not yet named, m  Supplemental report as direct and number)  If child is not yet named, m  Supplemental report as direct and number)  If child is not yet named, m  Supplemental report as direct and number)  If child is not yet named, m  Supplemental report as direct and number)  If child is not yet named, m  Supplemental report as direct and number)  If child is not yet named, m  Supplemental report as direct and number)  If child is not yet named, m  Supplemental report as direct and number)  If child is not yet named, m  Supplemental report as direct and number)  If child is not yet named, m  Supplemental report as direct and number)  If child is not yet named, m  Supplemental report as direct and number)  If child is not yet named, m  Supplemental report as direct and number)  If child is not yet named, m  Supplemental report as direct and number)  If child is not yet named, m  Supplemental report as direct and number)  If child is not yet named, m  Supplemental report as direct and number)  If child is not yet named, m  Supplemental report as direct and number)  If child is not yet named, m  Supplemental report as direct and number)  If child is not yet named, m  Supplemental report as direct and number)  If child is not yet named, m  Supplemental report as direct and number)  If child is not yet named, m  Sup
PLACE OF BIRTH  Township of Punction  Township of Punction  OF City of (No. (197)  2. FULL NAME OF CHILD Punction  Township of (No. (197)  2. FULL NAME OF CHILD Punction  Tease PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other 6. Pull for the fact of abode (197)  (PRINT) FATHER  9. Full same Print Punction  1. Color or race Punction of the place of abode (197)  3. Birthplace (city or place) (197)  3. Birthplace (city or place) (197)  4. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  3. Number of children of this mother (187)  (At time of this birth and including this child) (a) Born alive and nothing the period of gestation (197)  4. If stillborn, period of gestation (197)  CERTIFICATE OF ATT  I hereby certify that I attended the birth of this child on the date above stated, and that the above facts as given true to the best of my knowledge, information and be (197)  (*When there was no attending physician or mid-)	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  birth occurred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, m   Supplemental report as direct  Premature

PLACE OF BIRTH	THE STATE OF MINNESOTA
1. County of Mille Lage	Division of Vital Statistics CERTIFICATE OF BIRTH
Township of / Muclion Reg. District No.	1771
	(Above numbers to be filled in only by local registrar or his deputy)
City of (No	Ward in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME OF CHILD (Please PRINT names in capitals)	e Beggeon   If child is not yet named, make supplemental report as directed.
3. Sex If plural 4. Twin, triplet, or other 6. Prematu	7. Legiti- 8. Date of Fef 8 193/
Terroll (5. Number, in order of birth Full term	mate (Month, day, year)
9. Full Clair Berger	16. Full MOTHER  16. Full Mother
name Valle Solgier -	name Worselly Melich.
10. Residence (usual place of abode) (If nonresident, give place and State)	17. Residence (usual place of abode) (If nonresident, give place and State)
11. Color or race 12. Age at last birthday 24 (years)	18. Color or race 19. Age at last birthday /8 (years
13. Birthplace (city or place) Buchton min	20. Birthplace (city or place) State or country)
bookkeeper, etc.	typist, nurse, clerk, etc.
15. Industry or business in which work was done, as factory, office, bank, etc.	22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living	g 2 (b) Born alive but now dead (c) Stillborn
24. If stillborn, (months period of gestation (or weeks) 25. Cause of stillbirth	Sefore Labor
	(During Labor
26. Was 1% silver nitrate used to prevent infant blindness? Yes No.	
I hereby certify that I attended the birth of this child, who	NG PHYSICIAN OR MIDWIFE at 3, AM.
on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.	(Born Alive or Born Dead)
( *When there was no attending physician or mid-)	PHYSICIAN, MIDWIFE, PARENTOR INFORMANT
wife, then the father, householder, etc., must make this return.	3 - 3 (Cross out words which do not apply)
	Address
Given name added from a supple-	
Given name added from a supple-	9 Address Amcendar
Given name added from a supplemental report, 19	9 Address Annual GISTRAR
PLACE OF BIRTH  1. County of Mille Jace  Township of American	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH
PLACE OF BIRTH  1. County of Mile Jace  Township of Innetton  Village of Reg. District No.	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH
PLACE OF BIRTH  County of Malle Jack  Township of Annelton  Village of  City of  (No	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH  No. in Registration Book  (Above numbers to be filled in only by local registrar or his deputy)  , St.: Ward
PLACE OF BIRTH  County of Mile Jace  Township of Reg. District No Village of City of No. (No. (If birth occase)	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH  No. in Registration Book  (Above numbers to be filled in only by local registrar or his deputy)  St.:  Ward  urred in a hospital or institution, give its NAME instead of street and number)
PLACE OF BIRTH  County of Malle Jack  Township of Anneton  Village of City of City of Please PRINT names in capitals)  Sex If plural 4. Twin, triplet, or other births  Given name added from a supple-  Filed Signa  Filed Signa  Reg. District No. (No. (If hirth occurrence)  (No. (If hirth occurrence)  (Please PRINT names in capitals)  6. Prematu	THE STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  St.; Ward arred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  Te
PLACE OF BIRTH  County of Mile Jack  Township of Reg. District No.  Village of City of  FULL NAME OF CHILD Please PRINT names in capitals)  S. Sex  If plural 4. Twin, triplet, or other  6. Prematu	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH  No. in Registration Book  Above numbers to be filled in only by local registrar or his deputy)  St.: Ward  wred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  Ward  W
PLACE OF BIRTH  County of Male Jack  Township of Annetor  Village of City of FULL NAME OF CHILD (Please PRINT names in capitals)  Sex If plural 4. Twin, triplet, or other births  (PRINT)  FATHER  FATHER	THE STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  St.; Ward  warred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  Te
PLACE OF BIRTH  County of Malle Jack  Township of Annetor  Village of City of  FULL NAME OF CHILD  (Please PREY names in capitals)  Sex  If plural 4. Twin, triplet, or other births  S. Number, in order of birth  (PRINT)  FATHER  FATHER  FILL  FATHER  FATHER  FATHER  FILL  FILL  FATHER  FATHER  FATHER  FATHER  FILL  FILL  FATHER  FATHER  FATHER	THE STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  St.; Ward  urred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  Te
PLACE OF BIRTH  County of Malle Jack  Township of Reg. District No.  Village of City of Please PRINT names in capitals  Sex If plural 4. Twin, triplet, or other births  (PRINT) FATHER  PRINT Reg. District No.  (II birth occurrence of birth Full term  (PRINT) FATHER  Reg. District No.  (II birth occurrence of birth Full term  (PRINT) FATHER  Reg. District No.  (II birth occurrence of birth Full term  (PRINT) FATHER  Reg. District No.  (III birth occurrence of birth Full term  (PRINT) FATHER  Reg. District No.  (III birth occurrence of birth Full term  (PRINT) FATHER  Reg. District No.  (III birth occurrence of birth Full term  (PRINT) FATHER  Reg. District No.  (III birth occurrence of birth Full term  (PRINT) FATHER  Reg. District No.  (III birth occurrence of birth Full term  (PRINT) FATHER  Reg. District No.  (III birth occurrence of birth Full term  (PRINT) FATHER  Reg. District No.  (III birth occurrence of birth Full term  (PRINT) FATHER  Reg. District No.  (III birth occurrence of birth Full term  (PRINT) FATHER  Reg. District No.  (III birth occurrence of birth Full term  (PRINT) FATHER  Reg. District No.  (III birth occurrence of birth Full term  (PRINT) FATHER  Reg. District No.	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH  No. in Registration Book  Above numbers to be filled in only by local registrar or his deputy)  Above numbers to be filled in only by local registrar or his deputy)  If child is not yet named, make supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the street and number of the supplemental report as directed.  The state of the street and number of the street an
PLACE OF BIRTH  County of Male Jack  Township of Reg. District No.  Village of No.  FULL NAME OF CHILD Please PRINT names in capitals)  Sex If plural 4. Twin, triplet, or other births  (PRINT) FATHER  P. Full name Med Rafideum  Reg. District No.  (If hirth occurs of the plural births)  FATHER  P. Full name  Reg. District No.  (If hirth occurs of the plural births)  Reg. District No.  (If hirth occurs of the plural births)  Reg. District No.  (If hirth occurs of the plural births)  Reg. District No.  (If hirth occurs of the plural births)  Reg. District No.  (If hirth occurs of the plural births)  Reg. District No.  (If hirth occurs of the plural birth births)  Reg. District No.  (If hirth occurs of the plural birth births)  Reg. District No.  (If hirth occurs of the plural birth births)  Reg. District No.  (If hirth occurs of the plural birth births)  Reg. District No.  (If hirth occurs of the plural birth births)  Reg. District No.  (If hirth occurs of the plural birth occurs of the plural births)  Reg. District No.  (If hirth occurs of the plural birth occurs of the plural births)  Reg. District No.  (If hirth occurs of the plural births)  Reg. District No.  (If hirth occurs of the plural birth occurs of the plural births)  Reg. District No.  (If hirth occurs of the plural birth occurs of the plural births)  Reg. District No.  (If hirth occurs of the plural birth occurs of the plural births)  Reg. District No.  (If hirth occurs of the plural birth occurs of the plural births)  Reg. District No.  (If hirth occurs of the plural birth occurs of the plural births)  Reg. District No.  (If hirth occurs of the plural birth occurs of the plural births)  Reg. District No.  (If hirth occurs of the plural births)	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH  No. in Registration Book  Above numbers to be filled in only by local registrar or his deputy)  Above numbers to be filled in only by local registrar or his deputy)  If child is not yet named, make supplemental report as directed.  The state of birth (Month, day, year)  MOTHER  16. Full maiden name  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday  (years 20. Birthplace (city or place)
PLACE OF BIRTH  1. County of Malle Jack  Township of Reg. District No.  Village of City of 2. FULL NAME OF CHILD (Please PRINT names in capitals)  9. Sex If plural 4. Twin, triplet, or other birth (PRINT)  9. Full NAME OF CHILD (Please PRINT names in order of birth (PRINT)  9. Full name Magazia  9. Residence (usual place of abode) (if nonresident, give place and State)  1. Color or race 12. Age at last birthday 1/ (years)  3. Birthplace (city or place) Amulton Minn.	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH  No. in Registration Book  Above numbers to be filled in only by local registrar or his deputy)  Above numbers to be filled in only by local registrar or his deputy)  If child is not yet named, make supplemental report as directed.  The supplemental report as directed.  8. Date of birth (Month, day, year)  (PRINT) MOTHER  In maiden name  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday  (years State or country)
PLACE OF BIRTH  County of Mile Jack  Township of Reg. District No.  Village of City of  FULL NAME OF CHILD (Please PRINT names in capitals)  S. Sex  If plural 4. Twin, triplet, or other (PRINT)  FATHER  P. Full  Reg. District No.  (If hirth occur (Please PRINT names in capitals)  S. Sex  If plural 4. Twin, triplet, or other (PRINT)  FATHER  Reg. District No.  (If hirth occur (Please PRINT names in capitals)  S. Sex  If plural 4. Twin, triplet, or other (PRINT)  P. Full (PRINT)  P. Full (PRINT)  P. Full (PRINT)  P. Full (PRINT)  P. Father  P. Full (PRINT)  P. Father  P. Full (PRINT)  P. Full (PR	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH  No. in Registration Book  Above numbers to be filled in only by local registrar or his deputy)  Above numbers to be filled in only by local registrar or his deputy)  If child is not yet named, make supplemental report as directed.  The supplemental report as directed.  8. Date of birth (Month, day, year)  (PRINT) MOTHER  In maiden name  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday  (years State or country)
PLACE OF BIRTH  County of Mile Jack  Township of Reg. District No.  Village of City of  FULL NAME OF CHILD (Please PRINT names in capitals)  S. Sex  If plural 4. Twin, triplet, or other (PRINT)  FATHER  P. Full  Reg. District No.  (If hirth occur (Please PRINT names in capitals)  S. Sex  If plural 4. Twin, triplet, or other (PRINT)  FATHER  Reg. District No.  (If hirth occur (Please PRINT names in capitals)  S. Sex  If plural 4. Twin, triplet, or other (PRINT)  P. Full (PRINT)  P. Full (PRINT)  P. Full (PRINT)  P. Full (PRINT)  P. Father  P. Full (PRINT)  P. Father  P. Full (PRINT)  P. Full (PR	THE STATE OF MINNESOTA  Division of Vital Statistics  GERTIFICATE OF BIRTH  No. in Registration Book  Above numbers to be filled in only by local registrar or his deputy)  The state of the supplemental report as directed.  St.:  Ward  Gertificate of street and number  If child is not yet named, make supplemental report as directed.  The supplemental report as directed.  T
PLACE OF BIRTH  County of Male Jack  Township of Reg. District No.  Village of No.  City of Place PRINT names in capitals)  Sex If plural 4. Twin, triplet, or other births  FATHER  PRINT)  Reg. District No.  (II birth occ.)  (Please PRINT names in capitals)  S. Sex If plural 4. Twin, triplet, or other births  FATHER  P. Full name  Reg. District No.  (II birth occ.)  (Please PRINT names in capitals)  S. Sex If plural 4. Twin, triplet, or other births  FATHER  P. Full name  1. Color or race  1. Color or sace  1. Color or sac saccory, office, bank, etc.  1. Industry or business in which work was done, as factory, office, bank, etc.  3. Number of children of this mother	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH  No. in Registration Book  Above numbers to be filled in only by local registrar or his deputy)  Above numbers to be filled in only by local registrar or his deputy)  Fig. 1. Ward  Fig. 1. Ward  Fig. 1. Legiti-  mate 1. S. Date of Supplemental report as directed.  S. Date of Division, (Month, day, year)  MOTHER  16. Full maiden name  17. Residence (usual place of abode)  (If nonresident, give place and State)  18. Color or race  19. Age at last birthday  (years (State or country)  20. Birthplace (city or place)  (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
PLACE OF BIRTH  County of Male Jace  Township of America  OF City of Please PRINT names in capitals)  Sex If plural 4. Twin, triplet, or other births  (PRINT) FATHER  PATHER  Reg. District No. (II birth occur)  (PRINT) FATHER  Reg. District No. (II birth occur)  (Please PRINT names in capitals)  A sex If plural 4. Twin, triplet, or other births  (PRINT) FATHER  Reg. District No. (III birth occur)  (Please PRINT names in capitals)  A sex If plural 4. Twin, triplet, or other births  (PRINT) FATHER  P. Full name  1. Color or race 12. Age at last birthday 1 (years)  3. Birthplace (city or place) Americal arkind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  3. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living the stillborn, (months)	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH  No. in Registration Book  Above numbers to be filled in only by local registrar or his deputy)  Above numbers to be filled in only by local registrar or his deputy)  For a street and number of the control of the con
PLACE OF BIRTH  County of Male Jack  Township of Annelton  Village of City of Children of this mother (State or country)  Reg. District No. (II birth occurs of the place of abode) (If nonresident, give place and State)  Reg. District No. (III birth occurs of the place of abode) (If nonresident, give place and State)  Reg. District No. (III birth occurs of the place of abode) (If nonresident, give place and State)  Reg. District No. (III birth occurs of the place of abode) (If nonresident, give place and State)  Reg. District No. (III birth occurs of the place of the plac	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH  No. in Registration Book  Above numbers to be filled in only by local registrar or his deputy)  Active in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  The state of birth (Month, day, year)  WOTHER  The state of th
PLACE OF BIRTH  1. County of Male Jack  Township of Reg. District No.  Village of No.  2. FULL NAME OF CHILD  (Please PRINT names in capitals)  8. Sex  If plural 4. Twin, triplet, or other full term  (PRINT)  9. Full name  (PRINT)  9. Full name  10. Residence (usual place of abode) (if nonresident, give place and State)  11. Color or race  12. Age at last birthday (years)  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, Jones work was done, as farmer, office, bank, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  16. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living the fill or weeks of the sillborn, period of gestation (a) Born thindness? Yes No.  16. Was 1% silver nitrate used to prevent infant blindness? Yes No.	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH  No. in Registration Book  (Above numbers to be filled in only by local registrar or his deputy)  Appeared in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  The supplemental report as directed.  8. Date of birth (Month, day, year)  MOTHER  maiden name  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday / (years State or country)  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  (b) Born alive but now dead  (c) Stillborn  Before Labor  During Labor
PLACE OF BIRTH  1. County of Malle Jack  Township of Reg. District No.  Village of No.  City of Please PRINT names in capitals  6. Sex If plural 4. Twin, triplet, or other births  5. Number, in order of birth  FATHER  9. Full name  1. Color or race  1. Color or place) Place and State)  1. Color or race  1. Color or race  1. Color or race  1. Color or place) Place and State  1. Industry or business in which work was done, as farmer, bookkeeper, etc.  1. Industry or business in which work was done, as farmer, Color, bank, etc.  1. Industry or business in which work was done, as fartery, office, bank, etc.  1. Industry or business in which work was done, as factory, office, bank, etc.  1. Industry or business in which work was done, as factory, office, bank, etc.  1. Industry or business in which work was done, as factory, office, bank, etc.  1. Industry or business in which work was done, as factory, office, bank, etc.  1. Industry or business in which work was done, as factory, office, bank, etc.  1. Industry or business in which work was done, as factory, office, bank, etc.  1. Industry or business in which work was done, as factory, office, bank, etc.  1. Industry or business in which work was done, as factory, office, bank, etc.  1. Industry or business in which work was done, as factory, office, bank, etc.  1. Industry or business in which work was done, as factory, office, bank, etc.  1. Industry or business in which work was done, as factory, office, bank, etc.  1. Industry or business in which work was done, as factory, office, bank, etc.  1. Industry or business in which work was done, as factory, office, bank, etc.  1. Industry or business in which work was done, as factory, office, bank, etc.  1. Industry or business in which work was done, as factory, office, bank, etc.  1. Industry or business in which work was done, as factory, office, bank, etc.  1. Industry or business in which work was done, as factory, offi	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH  No. in Registration Book  Above numbers to be filled in only by local registrar or his deputy)  A control in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  The street and number is provided in the pr
PLACE OF BIRTH  1. County of Market Tack  Township of Reg. District No.  Village of City of Please PRINT names in capitals)  2. FULL NAME Please PRINT names in capitals  3. Sex If plural 4. Twin, triplet, or other birth S. Number, in order of birth  (PRINT) FATHER  9. Full Please Print names in Capitals  10. Residence (usual place of abode) (if nonresident, give place and State) Purcetor  11. Color or race 12. Age at last birthday (years)  13. Birthplace (city or place) Purcetor Market State or country  14. I rade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as farctory, office, bank, etc.  16. Was 1% silver nitrate used to prevent infant blindness? Yes Not CERTIFICATE OF ATTENDIN I hereby certify that I attended the birth of this child, whom the date above stated, and that the above facts as given on the date above stated, and that the above facts as given on the date above stated, and that the above facts as given on the date above stated, and that the above facts as given on the date above stated, and that the above facts as given on the date above stated, and that the above facts as given on the date above stated, and that the above facts as given on the date above stated, and that the above facts as given on the date above stated, and that the above facts as given on the date above stated, and that the above facts as given on the date above stated.	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH  No. in Registration Book  (Above numbers to be filled in only by local registrar or his deputy)  The statistics of the filled in only by local registrar or his deputy)  The statistics of the fill of the fil
PLACE OF BIRTH  County of Male Jack Township of Townsh	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH  No. in Registration Book  Above numbers to be filled in only by local registrar or his deputy)  All child is not yet named, make supplemental report as directed.  The supplemental repo
PLACE OF BIRTH  1. County of Market Township of Townsh	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH  No. in Registration Book  Above numbers to be filled in only by local registrar or his deputy)  All child is not yet named, make supplemental report as directed.  The complete of the pirth (Month, day, year)  16. Full maiden mame  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday (years conditions)  20. Birthplace (city or place) (State or country)  10. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  21. Trade, profession, or particular kind of work done, as own home, lawyer's office, factory, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  23. (b) Born alive but now dead  (c) Stillborn or MIDWIFE  Was General Was at A. M. (Born Alive or Born Dead)  WHYSICIAN, MIDWIFE, PAPENT OR INFORMANT (Cross out words which is not apply)
PLACE OF BIRTH  1. County of Mulle Jaces  Township of Annelton  Village of City of CHILD  OF CHILD  Please PRINT names in capitals)  8. Sex  If plural 4. Twin, triplet, or other births (5. Number, in order of birth Full term (PRINT)  9. Full Regidence (usual place of abode) (If nonresident, give place and State)  10. Residence (usual place of abode) (If nonresident, give place and State)  11. Color or race  12. Age at last birthday 1/ (years)  13. Birthplace (city or place) Annelton Michael (State or country)  14. Tace profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  24. If stillborn, period of gestation  (At time of this birth and including this child) (a) Born alive and now living the country of the	THE STATE OF MINNESOTA  Division of Vital Statistics  GERTIFICATE OF BIRTH  No. in Registration Book  Above numbers to be filled in only by local registrar or his deputy)  St.: Ward  wered in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make  supplemental report as directed.  To Legitimated  mate for mate for mate for mate for his deputy  16. Full maiden  name  17. Residence (usual place of abode)  (If nonresident, give place and State)  18. Color or race  19. Age at last birthday (years  (State or country)  19. Age at last birthday (years  20. Birthplace (city or place)  (State or country)  10. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  21. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  23. (b) Born alive but now dead  (c) Stillborn or During Labor  PHYSICIAN OR MIDWIFE  Was  (Born Alive or Born Dead)  Address, Addres

PLACE OF BIRTH  1. County of Mille Loca	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH
Township of Reg. District No	No. in Registration Book
OF .	Above numbers to be filled in only by local registrar or his deputy)  , St.:
2. FULL NAME OF CHILD (Please PRINT names in capitals)	, St.; Ward)  arred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.
3. Sex If plural 4. Twin, triplet, or other 6. Prematur	re 7. Legiti- 4 8. Date of Feb 14 1937
Male (5. Number, in order of birth Full term	mate (Month, day, year)
(PRINT) FATHER	(PRINT) MOTHER  16. Full maiden 7
name Vengel Canel	name Munewa / ellerson
10. Residence (usual place of abode) (If nonresident, give place and State)	17. Residence (usual place of abode) (If nonresident, give place and State)
11. Color or race 12. Age at last birthday 3/ (years)	18. Color or race 19. Age at last birthday 2 3 (years)
13. Birthplace (city or place) (State or country)	20. Birthplace (city or place) (State or country)
Z   14. Trade, profession, or particular kind of work done, as farmer,	2 21. Trade, profession, or particular kind of work done, as housekeeper,
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.	21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawer's office, factory, etc.
23. Number of children of this mother	2
(At time of this birth and including this child) (a) Born alive and now living  24. If stillborn, (months)	(b) Born alive but now dead (c) Stillborn  Before Labor
period of gestation are the second of the se	During Labor
26. Was 1% silver nitrate used to prevent infant blindness? Yes No	
CERTIFICATE OF ATTENDIN I hereby certify that I attended the birth of this child, who	NG PHYSICIAN OR MIDWIFE*
on the date above stated, and that the above facts as given	(Born Alive or Born Dead)
are true to the best of my knowledge, information and belief.  (Signature)	9.17, (aley.
*When there was no attending physician or mid- wife, then the father, householder, etc., must make this return.	PHYSICIAN, MIDWIFE, PARINT OR INFORMANT (Cross out words which do not apply)
Given name added from a supple-	7- 20 7 3 / Address
mental report , 19 Filed 3	ture) REGISTRAR
1. County of Mile Soco Township of Immetor	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH
or Reg. District No Village of	No. in Registration Book Above numbers to be filled in only by local registrar or his deputy)
City of (No	, St.; Ward)  where we will be a constructed of street and number.  If child is not yet named, make supplemental report as directed.
3. Sex If plural 4. Twin, triplet, or other 6. Premature births 5. Number, in order of birth Full term (PRINT) FATHER 9. Full name Added Rick	birth www. 2 19
10. Residence (asual place of abode)	17. Residence (usual place of abode)
(If nonresident, give place and State)	(If nonresident, give place and State) /
11. Color or race // 12. Age at last birthday (years)	18. Color or race 19, Age at last birthday 2 4 (years)
13. Birthplace (city or place) (State or country)	20. Birthplace (city or place) S, Tak
Z   14. Trade, profession, or particular kind of work done, as farmer,	21. Trade, profession, or particular kind of work done, as housekeeper,
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office bank etc.	typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home,
23. Number of children of this mother	11
(At time of this birth and including this child) (a) Born alive and now living  24. If stillborn, period of gestation (months or weeks or weeks) 25. Cause of stillbirth	(b) Born alive but now dead (c) Stillborn (c) Stillborn (During Labor
26. Was 1% silver nitrate used to prevent infant blindness? Yes No.	Couring Labor
CERTIFICATE OF ATTENDIN	IG PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.	was Church at M., (Born Mive or Born Dead)
*When there was no attending physician or mid- wife, then the father, householder, etc., must make this return. (Signature)	PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which to not apply)
Given name added from a supple-	Address Amylog
mental report , 19 Filed Thu	Address REGISTRAR

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

Date Spirl 16

(Signature).

PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)

Leo Boufant

REGISTRAR

26. Was 1% silver nitrate used to prevent infant blindness? Yes No

..., 19....

\*When there was no attending physician or mid-wife, then the father, householder, etc., must make this return.

mental report.....

Given name added from a supple-

I hereby certify that I attended the birth of this child, who was form and the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.

(Signature)

PHYSICIAN MIDWIFE P.

PLACE OF 1	BIRTH		THE STATE OF M	INNESOTA	
1. County of Mu	lle Jaco		Division of Vital S	tatistics	
Township of	ansoton		1 7 CERTIFICATE OF	F BIRTH	
70	W/V	Reg. District N		gistration Book	
Village of			(Above numbers to be filled in only by lo	ocal registrar or his deputy)	
City of	A	(No		, St.;	Ward)
2. FULL NAME	In D	A (if birth/se	curred in a hospital or institution, give it	s NAME instead of street and number)  If child is not yet named	l. make
OF CHILD	PRINT names in capita	um si	ron		
(I lease	1 Kirvi names in Capita	ais)	· · · · · · · · · · · · · · · · · · ·		
	Twin, triplet, or other	6. Premat	ure 7 7. Legiti- 8. D	ate of Tung 9	/7
births \( \) 5.	Number, in order of bis	rth Full term	mate mate	(Morth, day, year)	19
(PRINT)	FATHER	0		MOTHER	
9. Full Q	ali.	L.	16. Full maiden Rad The	dia miller	-
name/////	m ang	non	name servina	me / //	
10. Residence (usual place of a	abode) Jones	& Jana	17. Residence (usual place of abode	Jang Seda	-
(If nonresident, give place	e and State	and	(If nonresident, give place an	nd State)	7—
11. Color or race	12. Age at last bir	thday 3 P (years)	18. Color or race	19. Age at last birthday 35	(years)
	Age at last bit	tilday V (years)		17. Age at last birthday	(years)
13. Birthplace (city or place) (State or country)	Andys	ra	20. Birthplace (city or place) (State or country)	ndiana	
Z   14. Trade, profession, or	particular		1/50	ticular kind , ,	/
14. Trade, profession, or kind of work done, as bookkeeper, etc.  15. Industry or business: work was done, as face of the book done as face of the book done.	farmer, Jan	mg	of work done, as houseke	eper, Krusewil	e
15. Industry or business		(/	5 22. Industry or business in	which	
work was done, as fac office, bank, etc.	ctory,		21. Trade, profession or par of work done, as houseke typist, nurse, clerk, etc.  22. Industry or business in work was done, as own I lawyer's office, factory, c	nome,	
23. Number of children of th	ala mashan				
(At time of this birth and i		Born alive and now livi	ng (b) Born alive b	ut now dead (c) Stillbor	n
24. If stillborn,	( months			Before Labor	
period of gestation	or weeks 25.	Cause of stillbirth		During Labor	
N W 40 W 1		4 2 25 2	20	(Suring and or	
26. Was 1% silver nitrate use	San		No		
			NG PHYSICIAN OR MIDWI	TE* 6	1
I hereby certify that	I attended the birt	th of this child, wh	o was Mule		4M.,
on the date above stated are true to the best of m			(Born Alive or Born D	ead)	
are true to the pest of h	iy knowledge, mior	(Signature)	12eranas	Inon	
When there was no attendi- wife, then the father, househol		(organicato)	PHYSICIAN, MIDWIFE	PARENT OR INFORMANT	
this return.	and the state of t	Day Rh	(Cross out words w	/men not apply)	
Given name added	from a supple-	Date7	Address	Juny J	
27/32 20000	u ouppe	(Sign	ature)	Journal	AR
montal manage	10	Dilad Chi	las /a 1037 radius	ME COSTA	TAIL >

(b) Born alive but now dead

Date (Cross out words which do not apply)

(Signature)

(Signature)

Address

Address

REGISTRAR

Address

Before Labor

During Labor

23. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living

26. Was 1% silver nitrate used to prevent infant blindness? Yes No.

\*When there was no attending physician or mid-wife, then the father, householder, etc., must make this return.

mental report.....

Given name added from a supple-

months or weeks 25. Cause of stillbirth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was of the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.

(Signature)

PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)

I hereby certify that I attended the birth of this child, who was from some

on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.

\*When there was no attending physician or mid-wife, then the father, householder, etc., must make this return.

mental report....

Given name added from a supple-

Date Cross out words which do not apply)

(Signature)

Filed

Boyaling REGISTRAR.

1 Country of Mille Faces	
1. County of	Division of Vital Statistics CERTIFICATE OF BIRTH
Township of Line Reg District N	o
Village of	(Above numbers to be filled in only by local registrar or his deputy)
City of (No. (Mother than 1)	ward) , St.;
2. FULL NAME / Sarfara, Lear	me Jack If child is not yet named, make supplemental report as directed.
(Please PRINT tames in capitals)	
3. Sex  If plural 4. Twin, triplet, or other 6. Prematu births 5. Number, in order of birth Full term	birth ,19
(5. Number, in order of birth   Full term (PRINT) FATHER	(PRINT) MOTHER
9. Full Ewald Ernest Rasen	16. Full maiden name notas Tiora Steeves
10. Residence (usual place of abode) (If nonresident, give place and State Melle Face Co	17. Residence (usual place of abode) (If nonresident, give place and State)
11. Color or race 1 12. Age at last birthda 36 (years)	18. Color or race 19. Age at last birthday 2 3. (years)
13. Birthplace (city or place)	20. Birthplace (city or place)
(State or country)  14. Trade, profession, or particular kind of work done, as farmer,	(State or country)  Z   21. Trade, profession, or particular kind of work done, as housekeeper,
bookkeeper, etc.	of work done, as housekeeper, typist, nurse, clerk, etc.
	21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living	ng (b) Born alive but now dead (c) Stillborn
24. If stillborn, period of gestation { months or weeks   25. Cause of stillbirth	Before Labor
	(During Labor —
	NG PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who	o was Born afine at 4 M.,
on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.)	(Born Alive or Born Dead)
( *When there was no attending physician or mid-)	PHYSICIAN, MIDWIFE, PARENT OF INFORMANT
wife, then the father, householder, etc., must make this return.	1 2 (Cross out words which do not apply) Address
Given name added from a supple-	ature) Geo Bowhard
mental report , 19 Filed The	9 19 Address Tunck REGISTRAR
1. County of Mille Face Co	THE STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF BIRTH
Township of Reg. District N	o. No. in Registration Book.
Village of	(Above numbers to be filled in only by local registrar or his deputy)
City of (No	curred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make
OF CHILD (Please PRINT names in capitals)	
	Supplemental report as directed.
Clad births )	ure 7. Legiti- 8. Date of Dig 3 137
births (5. Number, in order of birth Full term (PRINT) FATHER	n mate? Morther MOTHER
(PRINT) FATHER Full term	n — 7. Legiti- 8. Date of 3 3 137
(PRINT) FATHER  9. Full mame  (D. Residence (usual place of abode)	7. Legiti- mate? 48. Date of Birth (Month, day, year)  PRINT MOTHER  16. Full maiden name Clueura Aunity  17. Residence (usual place of abode)
PRINT) FATHER  Sochoven  Sochoven	To Legiti- mate? He birth Morth, day, year)  16. Full maiden Ruema Arenity
(PRINT) FATHER  9. Full Bockoven  10. Residence (usual place of abode) (if nonresident, give place and State)  11. State  12. State  13. State  14. State  15. Number, in order of birth  Full term  FATHER  Sockoven  16. Residence (usual place of abode) (if nonresident, give place and State)  17. State  18. S	7. Legiti- mate? 48. Date of Birth (Month, day, year)  PRINT MOTHER  16. Full maiden name Clueura Aunity  17. Residence (usual place of abode)
porths (5. Number, in order of birth Full term  (PRINT) FATHER  9. Full Sockoven  10. Residence (usual place of abode) (if nonresident, give place and State) (years)	7. Legiti- mate? 46 8. Date of John John John John John John John John
porths (5. Number, in order of birth Full term (PRINT)  9. Full pame Pockoven  10. Residence (usual place of abode) (if nonresident, give place and State)  11. Color or race 12. Age at last birthday 3 12 (years)  12. Birthplace (city or place) Pour Pour Pour Pour Pour Pour Pour Pour	17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday  (years)  20. Birthplace (city or place) (State or country)
porths (5. Number, in order of birth Full term (PRINT)  9. Full pame Pockoven  10. Residence (usual place of abode) (if nonresident, give place and State)  11. Color or race 12. Age at last birthday 3 12 (years)  12. Birthplace (city or place) Pour Pour Pour Pour Pour Pour Pour Pour	17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday  (years)  20. Birthplace (city or place) (State or country)
points (5. Number, in order of birth Full term  (PRINT) FATHER  9. Full Bockoven  10. Residence (usual place of abode) (If nonresident, give place and State) Market (If nonresident, give place and State)  11. Color or race 12. Age at last birthday 3 (years)  13. Birthplace (city or place) Market Lack Co	17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday  19. Age at last birthday  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper,
10. Residence (usual place of abode) (if nonresident, give place and State)  11. Color or race  12. Age at last birthday (years)  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular hand of work done, as farmed bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.	17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
ports (5. Number, in order of birth Full term (PRINT)  9. Full name	17. Legiti- mate? MOTHER  16. Full maiden name  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday (years)  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
10. Residence (usual place of abode) (if nonresident, give place and State)  11. Color or race  12. Age at last birthday 3 (years)  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmed bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living the contract of the contract	17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
10. Residence (usual place of abode) (if nonresident, give place and State)  11. Color or race  12. Age at last birthday (years)  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (months)	17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  (b) Born alive but now dead  (c) Stillborn  Before Labor  During Labor
10. Residence (usual place of abode) (if nonresident, give place and State)  11. Color or race  12. Age at last birthday (years)  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmed bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child)  24. If stillborn, period of gestation  26. Was 1% silver nitrate used to prevent infant blindness?  Yes  CERTIFICATE OF ATTENDI	17. Legiti- mate? 18. Date of birth (Morth, day, year)  16. Full maiden name  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday (years)  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  18. Color or race  19. Age at last birthday (years)  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  23. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  24. Before Labor During Labor  15. Color or race  16. Color or race  17. Legiti-  MOTHER  18. Color or race  19. Age at last birthday  (years)  20. Birthplace (city or place)  (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
10. Residence (usual place of abode) (If nonresident, give place and State)  11. Color or race  12. Age at last birthday (years)  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother (at time of this birth and including this child)  24. If stillborn, period of gestation  26. Was 1% silver nitrate used to prevent infant blindness? Yes  CERTIFICATE OF ATTENDI  I hereby certify that I attended the birth of this child, who on the date above stated, and that the above facts as given	17. Legiti- mate? 18. Date of birth (Morth, day, year)  16. Full maiden name  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday (years)  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  18. Color or race  19. Age at last birthday (years)  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  23. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  24. Before Labor During Labor  15. Color or race  16. Color or race  17. Legiti-  MOTHER  18. Color or race  19. Age at last birthday  (years)  20. Birthplace (city or place)  (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
10. Residence (usual place of abode) (if nonresident, give place and State)  11. Color or race  12. Age at last birthday (years)  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmed bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  16. Was 1% silver nitrate used to prevent infant blindness?  17. Trade profession of this mother (At time of this birth and including this child)  18. Trade, profession, or particular kind of work done, as factory, office, bank, etc.  19. Trade, profession, or particular kind of work done, as farmed bookkeeper, etc.  19. Trade, profession, or particular kind of work done, as factory, office, bank, etc.  19. Trade, profession, or particular kind of weeks as factory, office, bank, etc.  10. The stillborn, period of gestation (a) Born alive and now living the still birth of this child, who on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.  10. When there was no attending physician or midwife, then the father, it is scholder, etc., must make this return.	17. Legiti- mate? MOTHER  16. Full maiden name  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  19. Age at last birthday  (years)  20. Birthplace (city or place) (State or country)  8. Date of birth (Moott), day, year)  19. Age at last birthday  (years)  20. Birthplace (city or place) (State or country)  8. Date of birth (Moott), day, year)  19. Age at last birthday  19. Age at last birthday  10. Wears)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  19. Age at last birthday  10. Wears)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  23. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  24. Manual Manu
10. Residence (usual place of abode) (If nonresident, give place and State)  11. Color or race  12. Age at last birthday (years)  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmed bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living the control of gestation (ERTIFICATE OF ATTENDITUTE)  16. Was 1% silver nitrate used to prevent infant blindness? Yes North CERTIFICATE OF ATTENDITUTE (Signature) (Sig	17. Legiti- mate? MOTHER  16. Full maiden name  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday (years)  20. Birthplace (city or place) (State or country)  Note of work done, as housekeeper, cypist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  18. Color or race  19. Age at last birthday (years)  18. Color or race  (State or country)  Note of work done, as housekeeper, cypist, nurse, clerk, etc.  21. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  19. Age at last birthday (years)  18. Color or race  19. Age at last birthday (years)  18. Color or race  19. Age at last birthday (years)  18. Color or race  19. Age at last birthday (years)  18. Color or race  19. Age at last birthday (years)  18. Director  19. Age at last birthday (years)  18. Color or race  19. Age at last birthday (years)  19. Age at

. .

PLACE OF BIRTH	THE STATE OF MINNESOTA
On 11 Dans	Division of Vital Statistics
1. County of	CERTIFICATE OF BIRTH
Township of Reg. District No.	No. in Registration Book
City of O (No	wred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.
3. Sex If plural 4. Twin, triplet, or other 6. Prematubirths 5. Number, in order of birth Full term	birth 7 26 19
9. Full Swage Leonard Peterson	16. Full maiden Belinda F. Hansen
10. Residence (usual place of abode) (If nonresident, give place and State Mille Local	17. Residence (usual place of abode) The Tree Co (If nonresident, give place and State)
1. Color or race 12. Age at last birthda 25 (years)	18. Color or race 19. Age at last birthday 25 (years)
3. Birthplace (city or place) (State or country)	20. Birthplace (city or place) (State or country)
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.	21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as factory, office, bank, etc.	21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
<ol> <li>Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living</li> </ol>	ng / (b) Born alive but now dead O (c) Stillborn O
44. If stillborn, period of gestation 7 {months or weeks   25. Cause of stillbirth	Before Labor
26. Was 1% silver nitrate used to prevent infant blindness? Yes No	io .
CERTIFICATE OF ATTENDIT	NG PHYSICIAN OR, MIDWIFE*
I hereby certify that I attended the birth of this child, who on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.	o was (Born Alive or Born Dead) at M.,
*When there was no attending physician or mid- wife, then the father, householder, etc., must make this return. (Signature)	PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)  Address
Given name added from a supple-	God Born had
mental report 10 Filed SUR	8 9 193 Address Trendelly The

PLACE OF BIRTH		THE STATE O	F MINNESOTA
1. County of Mille Face		Division of V	ital Statistics
Township of meeter		CERTIFICAT	E OF BIRTH
Village of	Reg. District No.		in Registration Book
City of	(No		, St.;Ward)
2. FULL NAME TICK The OF CHILD (Please PRINT flames in capital	nMaj	15	give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.
3. Sex If plural 4. Twin, triplet, or other births 5. Number, in order of birth	0	7. Legiti- mate?	8. Date of Jan 23 , 1977 (Month, day, year)
9. Full lyde Moste	t	(PRINT)  16. Full maiden name	et Salpena.
10. Residence (usual place of abode) (If nonresident, give place and State)	neton	17. Residence (usual place o (If nonresident, give place)	f abode) ace and State) Ensuetter
11. Color or race 12. Age at last birt	thday 29 (years)	18. Color or race	19. Age at last birthday 2 3 (years)
13. Birthplace (city or place) (State or country)		20. Birthplace (city or place (State or country)	min
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.	eores.		or particular kind busekeeper, , etc.
15. Industry or business in which work was done, as factory, office, bank, etc.		21. Trade, profession, of work done, as he typist, nurse, clerk work was done, as lawyer's office, fact	own home,
23. Number of children of this mother (At time of this birth and including this child) (a) Bo	orn alive and now living	1 (b) Born a	live but now dead / (c) Stillborn
24. If stillborn, period of gestation { months or weeks   25. Co	ause of stillbirth	Manipus I	Before Labor
26. Was 1% silver nitrate used to prevent infant bline	dness? Yes No		
CERTIFICA	TE OF ATTENDING	G PHYSICIAN OR MII	
I hereby certify that I attended the birth on the date above stated, and that the above are true to the best of my knowledge, inform	e facts as given	(Born-Alive or I	org Dead)
*When there was no attending physician or mid- wife, then the father, householder, etc., must make this return.	Date Sept	3 (Cross out w	WIFE, PARENT OR INFORMANT ords which do not apply)
Given name added from a supple-	(Signati	4	es Bouchers
	1100	100	REGISTRAR

County of Affacts	Division of Vital Statistics CERTIFICATE OF BIRTH
Township of Asyardon Reg. District	t NoNo. in Registration Book
Village of	(Above numbers to be filled in only by local registrar or his deputy)
City of (No (No(N	h occurred in a hospital or institution, give its NAME instead of street and number)  Vifectual or institution, give its NAME instead of street and number)
OF CHILD (Flease PRINT names in capitals)	supplemental report as directed.
Sex If plural 4. Twin, triplet, or other 6. Prembirths	mature 7. Legiti- 8. Date of leh 2 / 37
(5. Number, in order of birth   Full t	termile material birth (Month, day, year)
(PRINT) FATHER	(PRINT) MOTHER  16. Full maiden
name / www.y.	namenorgane may
Residence (usual place of abode) (If nonresident, give place and State)	17. Residence (usual place of abode) (If nonresident, give place and State)
Color or race 12. Age at last birthday (year	ars) 18. Color or race 19. Age at last birthday 2 (years)
Birthplace (city or place) (State or country)	20. Birthplace (city or place) (State or country)
14. Trade, profession, or particular kind of work done, as farmer,	21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
bookkeeper, etc.  15. Industry or business in which	5 22. Industry or business in which
work was done, as factory, office, bank, etc.	22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
Number of children of this mother (At time of this birth and including this child) (a) Born alive and now 1	living 4 (b) Born alive but now dead (c) Stillborn
If stillborn, months or weeks 25. Cause of stillbirth	Before Labor
**************************************	During Labor
Was 1% silver nitrate used to prevent infant blindness? Yes	No JUNIC PHYSICIAN OF MIDWIFF*
I hereby certify that I attended the birth of this child, v	
the date above stated, and that the above facts as given true to the best of my knowledge, information and belie	(Born Alixe or Born Dead)
*When there was no attending physician or mid- ife, then the father, householder, etc., must make	PHYSICIAN, MIDWIFE, FARENT OR INFORMANT (Cross out words which do not apply)
is return.  Date	(Cross out words which do not apply)  Address
Date	
Given name added from a supple-	ignature Teo Borghard
Given name added from a supple-	Men Touchard
PLACE OF BIRTH County of Mallace  Township of Res. District	THE STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF BIRTH  Address  THE STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF BIRTH  The No. In Registration Book
PLACE OF BIRTH County of Mall Jack Township of Reg. District	THE STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF BIRTH  It No
PLACE OF BIRTH County of Place of Reg. District Village of City of (No	THE STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF BIRTH  Address  THE STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF BIRTH  The No. In Registration Book
PLACE OF BIRTH County of Market State  Filed Fil	THE STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF BIRTH  It No. No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  h occurred in a bespital or inclusion, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.
PLACE OF BIRTH County of Reg. District Village of City of (Please PRINT names in capitals)  Sex If plural 4. Twin, triplet, or other births  S. Number, in order of birth  Full triplet  (Signature of Signature of S	THE STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF BIRTH  It No. No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  A coccurred in a baspital or inchtistion, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  The state of the coccurred in a baspital or inchtistion, give its NAME instead of street and number)  State of the coccurred in a baspital or inchtistion, give its NAME instead of street and number)  A coccurred in a baspital or inchtistion, give its NAME instead of street and number)  State of the coccurred in a baspital or inchtistion, give its NAME instead of street and number)  State of the coccurred in a baspital or inchtistion, give its NAME instead of street and number)  State of the coccurred in a baspital or inchtistion, give its NAME instead of street and number)  State of the coccurred in a baspital or inchtistion, give its NAME instead of street and number)  State of the coccurred in a baspital or inchtistion, give its NAME instead of street and number)  State of the coccurred in a baspital or inchtistion, give its NAME instead of street and number)  State of the coccurred in a baspital or inchtistion, give its NAME instead of street and number)  State of the coccurred in a baspital or inchtistion, give its NAME instead of street and number)  State of the coccurred in a baspital or inchtistion, give its NAME instead of street and number)  State of the coccurred in a baspital or inchtistion in the coccurred in a baspital or inchtistic in the coccurred in the coccu
PLACE OF BIRTH County of Place Of BIRTH County	THE STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF BIRTH  It No
PLACE OF BIRTH County of Reg. District Village of City of CULL NAME (Please PRINT names in capitals)  Sex If plural 4. Twin, triplet, or other births  (PRINT) FATHER	THE STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF BIRTH  It No. No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  No. St.; Ward)  Hoccurred in a bespital or incitation, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  The property of the pr
PLACE OF BIRTH County of Reg. District Village of City of CULL NAME (Please PRINT names in capitals)  Sex If plural 4. Twin, triplet, or other births  (PRINT) FATHER  Full triplet (Signature)  Father  Father  Father  Full triplet (Signature)  Filed (Signature)  Reg. District  (No. (H birth)  (Please PRINT names in capitals)	THE STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF BIRTH  It No
PLACE OF BIRTH County of Management of the property of the pro	THE STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF BIRTH  It No. No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy)  No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy)  No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy)  No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy)  No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy)  No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy)  No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy)  No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy)  No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy)  No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy)  No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy)  No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy)  No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy)  No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy)  No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy)  No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy)  No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy)  No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy)  No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy)
PLACE OF BIRTH County of Management of Management of Place Of BIRTH County of Management of Place Of Birth of Place Of Place Of Birth of Place Of Birth of Place Of Birthplace (city or place) (Signature of State Of Place) (Signature of Signature of Place Of Birthplace (city or place) (Signature of Signature of Place) (Signature of Birthplace (city or place) (Signature of Signature of Signature of Place) (Signature of Birthplace (city or place) (Signature of Signature of Signature of Place) (Signature of Signature of Sign	THE STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy)  St.: Ward) hoccurred in absorbisal or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  **Residence (usual place of abode)* (If nonresident, give place and State)  17. Residence (usual place of abode) (If nonresident, give place and State)
PLACE OF BIRTH County of Management of the county of the c	THE STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy)  St.; Ward)  h occurred in a pospital or inditation, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  T. Legitimature
PLACE OF BIRTH County of PLACE OF BIRTH County of PLACE OF BIRTH County of Place of Birth OF CHILD (Please PRINT names in capitals)  Sex If plural 4. Twin, triplet, or other births Sex If plural 5. Number, in order of birth FATHER Full Processes of abode) (PRINT) FATHER Full Processes of abode) (If nonresident, give place and State)  Color or race 12. Age at last birthday 3 (year birth place (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which	THE STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy)  St.; Ward)  h occurred in a pospital or inditation, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  T. Legitimature
PLACE OF BIRTH County of PLACE OF BIRTH County of Place of abode) (If pure of birth sirth	THE STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  th occurred in absential or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.    S. Date of birth
PLACE OF BIRTH County of Management of the procession of the proce	THE STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF BIRTH  It No. No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  A cocurred in absorbial or inefluction, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  The full maiden mame  17. Legiti-  (PRINT)  16. Full maiden (Month, day, year)  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
PLACE OF BIRTH County of PLACE OF BIRTH County of Place Of BIRTH County of Please PRINT names in capitals)  Sex If plural 4. Twin, triplet, or other births  FATHER Full Fall Residence (ustal place of abode) (If nonresident, give place and State)  Color or race 12. Age at last birthday 3 (year birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  Number of children of this mother	THE STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF BIRTH  It No. No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  A cocurred in absorbial or inefluction, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  The full maiden mame  17. Legiti-  (PRINT)  16. Full maiden (Month, day, year)  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
PLACE OF BIRTH County of Manager of County of Co	THE STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF BIRTH  It No. No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  h occurred in a bespital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  The supplemental report as directed.  (PRINT)  16. Full maiden name  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday (years)  20. Birthplace (city or place) (State or country)  (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  living (b) Born alive but now dead (c) Stillborn  Before Labor
PLACE OF BIRTH  County of Place of Birth  Fownship of Place of Birth  Full NAME (Please PRINT names in capitals)  Sex If plural 4. Twin, triplet, or other births 5. Number, in order of birth  FATHER  Full Hame Profession, or particular kind of work done, as farmer, bookkeeper, etc.  Lit. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  Industry or business in which work was done, as factory, office, bank, etc.  Number of children of this mother (At time of this birth and including this child) (a) Born alive and now 1 of stillborn, period of gestation for weeks 25. Cause of stillbirth  Was 1% silver nitrate used to prevent infant blindness? Yes  CERTIFICATE OF ATTEN	THE STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  If child is not yet named, make supplemental report as directed.  Part Morther  17. Legiti- term   Morther   matter   7. Legiti- term   Morther   matter   17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race   19. Age at last birthday   (years)  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as so wn home, lawyer's office, factory, etc.  Diving (b) Born alive but now dead (c) Stillborn  Before Labor During Labor  DURING PHYSICIAN OR MIDWIFE*
PLACE OF BIRTH County of PLACE OF BIRTH County of Place of Signature of City of County	THE STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  If child is not yet named, make supplemental report as directed.  Part of birth (Month, day, year)  Part of the madden of birth (Month, day, year)  16. Full madden of the madden of the madden of work done, as housekeeper, typist, nurse, clerk, etc.  20. Birthplace (cliv or place) (State or country)  21. Trade, profession or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  10. Before Labor During Labor  No  (Born Alive or Born Dead)

	THE STATE OF MINNESOTA
1. County of	Division of Vital Statistics  CERTIFICATE OF BIRTH
Township of Asylollor Reg. District No.	No. in Registration Book
07	(Above numbers to be filled in only by local registrar or his deputy)
2. FULL NAME fuer lean (If birth occ OF CHILD (Please PRINT names in capitals)	urred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.
3. Sex If plural 4. Twin, triplet, or other 6. Prematu	re 7. Legiti- 8. Date of OAX 94 77
Female births (5. Number, in order of birth Full term	
9. Full lair & Beliar	16. Full maiden Allsel a leles
10. Residence (usual place of abode) (If nonresident, give place and State)	17. Residence (usual place of abode) (If nonresident, give place and State)
11. Color or race 12. Age at last birthday 2 (years)	18. Color or race 19. Age at last birthday 26 (years)
13. Birthplace (city or place)	20. Birthplace (city or place)
(State or country)  14. Trade, profession, or particular kind of work done, as farmer,	(State or country)
bookkeeper, etc.	21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawer's office, factory, etc.
15. Industry or business in which work was done, as factory, office, bank, etc.	22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living	g 3 (b) Born alive but now dead 0 (c) Stillborn 0
24. If stillborn, months or weeks 25. Cause of stillbirth	Before Labor During Labor
26. Was 1% silver nitrate used to prevent infant blindness? Yes No.	0
	NG PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.	was (Born Alive or Bonn Dead)
( *When there was no attending physician or mid-)	PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
wife, then the father, householder, etc., must make this return.	(Cross out words which do not apply)  Address
Given name added from a supple-	The of Franchast
mental report , 19 Filed Nov	9 , 1937 Address REGISTRAR
or	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book Above numbers to be filled in only by local registrar or his deputy)  Tred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.
(PRINT)  9. Full   10. Residence (usual place of abode) (If nonresident, give place and State)  11. Color or rac   12. Age at last birthday 3 3 (years)	birth 10
9. Full Selection  10. Residence (usual place of abode) (If nonresident, give place and State)	mate?   birth (Month, day, year)   19.   (Month, day, year)   16. Full maiden name   Soletan   17. Residence (usual place of abode) (If nonresident, give place and State)   Control of the soletan   19.
(PRINT)  9. Full Sekere  10. Residence (usual place of abode) (If nonresident, give place and State)  11. Color or race  12. Age at last birthday 3 3 (years) (State or country)	mate? birth (Month, day, year)  (PRINT)  16. Full maiden name Solds (If nonresident, give place and State)  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race 19. Age at last birthday 7 (years)  20. Birthplace (city or place) (State or country)
9. Full name  10. Residence (usual place of abode) (if nonresident, give place and State)  11. Color or rac  12. Age at last birthday  (years)  13. Birthplace (city or place) (State or country)  Volume  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory,	mate? (Month, day, year)  (PRINT) MOTHER  16. Full maiden name  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race 19. Age at last birthday (years)  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which
10. Residence (usual place of abode) (If nonresident, give place and State)  11. Color or rac 12. Age at last birthday 3 (years)  13. Birthplace (city or place) 14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother	mate?  (Month, day, year)  (PRINT)  16. Full maiden name  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday  (years)  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
9. Full name Both Bekeure  10. Residence (usual place of abode) (If nonresident, give place and State)  11. Color or race 12. Age at last birthday 3 (years)  13. Birthplace (city or place) Molle Local (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.	mate? (Month, day, year)  (PRINT) MOTHER  16. Full maiden name  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday (years)  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  (b) Born alive but now dead  (c) Stillborn  Before Labor
PRINT)  9. Full anne Belle Bel	mate?  (Month, day, year)  (PRINT)  16. Full maiden name  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday  (years)  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  (b) Born alive but now dead  (c) Stillborn  Before Labor
PRINT)  9. Full name  10. Residence (usual place of abode) (if nonresident, give place and State)  11. Color or rac  12. Age at last birthday  3 (years)  13. Birthplace (city or place)  (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living the control of gestation  24. If stillborn, period of gestation  (months or weeks)  25. Cause of stillbirth  26. Was 1% silver nitrate used to prevent infant blindness? Yes Note that the control of the contr	mate?  (Month, day, year)  (PRINT)  16. Full maiden name  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday  (years)  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  (b) Born alive but now dead  (c) Stillborn  Before Labor During Labor
PRINT)  9. Full name  10. Residence (usual place of abode) (if nonresident, give place and State)  11. Color or rac  12. Age at last birthday  13. Birthplace (city or place)  (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living the company of the comp	mate?  (PRINT)  16. Full maiden name  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  (b) Born alive but now dead  (c) Stillborn  Before Labor  During Labor
PRINT)  9. Full name  10. Residence (usual place of abode) (If nonresident, give place and State)  11. Color or race  12. Age at last birthday  13. Birthplace (city or place)  (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living the country of the period of gestation  24. If stillborn, period of gestation  (State or country)  (State o	mate:    MOTHER
PRINT)  9. Full name  10. Residence (usual place of abode) (if nonresident, give place and State)  11. Color or rac  12. Age at last birthday  3 (years)  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living the control of gestation  24. If stillborn, period of gestation  26. Was 1% silver nitrate used to prevent infant blindness? Yes Note that I attended the birth of this child, who on the date above stated, and that the above facts as given are two to the best of my knowledge, information and belief.  (Signature)  **When there was no attending physician or midwife, then the father, householder, etc., must make this return.	mate?    MOTHER   MOTHER

				ı	
N		į			
	ğ	i		l	
d	ķ	į	ı	ģ	
ģ	Ŷ	ģ	9	i	
ä	ä	i	ì	ä	
į			ŧ	į	
			ĕ	8	
i		ĺ	ě		
Е	Ξ	ĕ	ä		

PLACE OF BIRTH	THE STATE OF MINNESOTA
1. County of Myle Jass	Division of Vital Statistics
- IF DIN IF A	CERTIFICATE OF BIRTH
Township of Reg. District No	
Village of	Above numbers to be filled in only by local registrar or his deputy)
City of (No	
2. FULL NAME OF CHILD (Please PRINT names in capitals)	If child is not yet named, make supplemental report as directed.
3. Sex If plural 4. Twin, triplet, or other 6. Premature births 5. Number, in order of birth Full team	7. Legiti- 8. Date of birth (Month, day, year)
(PRINT) FATHER	(PRINT) MOTHER
9. Full Benjamin Soman	16. Full maiden add Hogel argyle.
10. Residence (usual place of abode) (If nonresident, give place and State)	17. Residence (usual place of abode (If nonresident, give place and State)
11. Color or race W 12. Age at last birthday W (years)	18. Color or race 19. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or country)	20. Birthplace (city or place) (State or country)
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, hank, etc.	21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as factory, office, bank, etc.	21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living	(b) Born alive but now dead (c) Stillborn
24. If stillborn, (months	∫Before Labor
period of gestation or weeks 25. Cause of stillbirth	During Labor
26. Was 1% silver nitrate used to prevent infant blindness? Yes No	
CERTIFICATE OF ATTENDIN	IG PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.	was form alune at 44 AM., (Born Alive or Born Dead)
*When there was no attending physician or mid- wife, then the father, householder, etc., must make this return. (Signature)	PHYSICIAN, MIDWIFE, PARENT OR ENFORMANT (Cross out words which do not apply)
Given name added from a supple-	ture Lo Boschard
mental report , 19 Filed Fee	9,1938 Address Three BEGISTER

PLACE OF BIRTH	THE STATE OF MINNESOTA
1. County of Mile Jack	Division of Vital Statistics
Township of Annelton Reg. District No.	CERTIFICATE OF BIRTH  No. in Registration Book  Above numbers to be filled in only by local registrar or his deputy)
or	
2. FULL NAME OF CHILD (Please PRINT names in capitals)	yered in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.
3. Sex If plural 4. Twin, triplet, or other 6. Premature births 5. Number, in order of birth Full term	birth 1900
9. Full rame Henry Edward Rust	16. Full maiden mane Nuldur Carlson
10. Residence (usual place of about) (if nonresident, give place and State)	17. Residence (usual place of abode) (If nonresident, give place and State function
11. Color or race 12. Age at last birthday 3 8 (years)	18. Color or race 19. Age at last birthday 3 4 (years)
13. Birthplace (city or place) Mannesto sles	20. Birthplace (city or place) Santi Co Mum.
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office bank etc.	21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
15. Industry or business in which work was done, as factory, office, bank, etc.	22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living	(b) Born alive but now dead $V$ (c) Stillborn $O$
24. If stillborn, feriod of gestation are the stillbirth for weeks are the	Before Labor During Labor
26. Was 1% silver nitrate used to prevent infant blindness? Yes Ne	
CERTIFICATE OF ATTENDIN  I hereby certify that I attended the birth of this child, who on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.	was Born Alive or Born Dead)  (Born Alive or Born Dead)
*When there was no attending physician or mid- wife, then the father, householder, etc., must make this return. (Signature)	PHYSICIAN, MIDWIFE, PARENT OKINFORMANT (Cross out words which do not apply)
Given name added from a supple-	Un Buland
mental report , 19. Filed	3 , 1938 Address Reverling Hann.

Village of (	THE STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)
City of	yered in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.
Sex If plural 4. Twin, triplet, or other 6. Premature births 5. Number, in order of birth Full term	birth ter
(PRINT) FATHER  Full Maring Muyers	16. Full MOTHER  16. Full Maiden Vivian Ethel Reynolds
Residence (usual place of about) (If nonresident, give place and State)	17. Residence (usual place of abode) (If nonresident, give place and State)
. Color or race W 12. Age at last birthday 29 (years)	18. Color or race 19. Age at last birthday 22 (years)
Birthplace (city or place) (State or country)	20. Birthplace (city or place) (State or country)
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.	21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
15. Industry or business in which work was done, as factory, office, bank, etc.	22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living	g B (b) Born alive but now dead (c) Stillborn
. If stillborn, a months or weeks 25. Cause of stillbirth	Before Labor During Labor
6. Was 1% silver nitrate used to prevent infant blindness? Yes -No	
CERTIFICATE OF ATTENDIN  I hereby certify that I attended the birth of this child, who in the date above stated, and that the above facts as given re true to the best of my knowledge, information and belief.  When there was no attending physician or mid- wife, then the father, householder, etc., must make this return.  Given name added from a supple-  (Signature)  Date  (Signature)  (Signature)	PHYSICIAN, MIDWIRD, PARENT OR INFORMANT (Cross out words which do not apply)  Address.
and (Signal	REGISTRAR

Sex   If plural   4. Twin, triplet, or other	PLACE OF BIRTH		THE STATE (	OF MINNESO.	l A	
Township of Reg. District No. No. in Registration Book No. No. in Registration Book No. No. in Registration Book No. No. in Registration In Registration In Registration No. in Registration In Registration In Registration No. in Registration In Registration In Registration In Registration In Registration In Registration	County of Mille Jocu		Division of	Vital Statistics		
Village of Section of			CERTIFICA	TE OF BIRTH		
(Above numbers to be filled in only by local registrar or his deputy)  Of City of	or	Reg. District No. 2	88/ No.	in Registration l	Book	
City of (No off birth occurred in a hospital or institution, give its NAME instead of street and number)  FULL NAME  OF CHILD  (Please PRINT names in capitals)  Sex  If plural 4. Twin, triplet, or other birth 5. Number, in order of birth 5. Number of norder of birth 6. Premature plural 6. Premature plural 7. Legiti mate births 6. Number, in order of birth 7. Legiti mate plural 8. Date of births 6. Number of norder of birth 7. Legiti mate plural 8. Date of birth 6. Premature plural 8. Date of births 6. Number of norder of birth 7. Legiti mate plural 8. Date of birth 8. Da	Village of	(Above	numbers to be filled in o	nly by local registrar o	his deputy)	
Sex   If plural   4. Twin, triplet, or other   6. Premature   7. Legitimate   8. Date of birth   1. Number, in order of bi		(No			., St.;	Ward)
Sex   If plural   4. Twin, triplet, or other	2. FULL NAME	off birth occurred in	a hospital or institution	n, give its NAME inster	d of street and number of shild is not yet no	per)
Sex   If plural   4. Twin, triplet, or other   6. Premature   7. Legiti   mate   5. Number, in order of birth   Full term   mate   1. Morth, day, year   19. Morther   1. Mo	OF CHILD	se,				
Description   Section	(Please PRINT names in capitals)					
(PRINT)  (FRINT)  (PRINT)  (In uniden mainden  (In uniden mainden	the births		411.	birth	22 (onth, day, year)	, 19.78
10. Residence (usual place of abode) (If nonresident, give place and State)  11. Color or race  12. Age at last birthday  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  3. Number of children of this mother (At time of this birth and including this child)  16. Full maiden  17. Residence (usual place of abode) (If nonresident, give place and State)  19. Age at last birthday  19. Age at last birthday  19. Years)  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work one, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, as housekeeper, typist, nurse, clerk, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living  (b) Born alive but now dead  (c) Stillborn  (c) Stillborn  (d) Before Labor  During Labor  16. Was 1% silver nitrate used to prevent infant blindness? Yes No  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  I hereby certify that I attended the birth of this child, who was no attending physician or midwife, then the father, householder, etc., must make this return.  Signature  PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)  Ocross out words which do not apply)  Address  Address  REGISTRAR	(PRINT) FATHER	(	PRINT)		0	
(If nonresident, give place and State)  1. Color or race  1. Age at last birthday  1. Color or race  1. Age at last birthday  1. Color or race  1. Age at last birthday  1. Color or race  1. Age at last birthday  1. Color or race  1. Color or race	9. Full 4 Ho & 9/	1	maiden 4	ella 1	Stan	ley
3. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. 15. Industry or business in which work was done, as factory, office, bank, etc.  3. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living  4. If stillborn, period of gestation  5. Was 1% silver nitrate used to prevent infant blindness? Yes No  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  I hereby certify that I attended the birth of this child, who was no attending physician or midwife, then the father, householder, etc., must make this return.  3. When there was no attending physician or midwife, then the father, householder, etc., must make this return.  Given name added from a supple-  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work do, not pack to give robusiness in which work was done, as own home, lawyer's office, factory, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Born alive but now dead (c) Stillborn (b) Born alive but now dead (c) Stillborn (c) Stillborn (c) Before Labor (c) Stillbo	10. Residence (usual place of abode) (If nonresident, give place and State)	ceton 17.1	Residence (usual place If nonresident, give p	of abode)	nuto	
(State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  16. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn (b) Before Labor (b) Born alive but now dead (c) Stillborn (c)	11. Color or race 12. Age at last birthda	y 27 (years) 18.	Color or race	19. Age at I	ast birthday	P (years)
S. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living  (b) Born alive but now dead (c) Stillborn  (c) Stillborn  (d) Before Labor  (d) Before Labor  (d) Before Labor  (d) Before Labor  (e) Stillborn  (f) Before Labor  (h) Buring Labor  (h) Born alive but now dead (c) Stillborn  (d) Before Labor  (d) Before Labor  (d) During Labor  (e) Stillborn  (f) Before Labor  (h) Born alive but now dead (c) Stillborn  (d) Before Labor  (d) Before Labor  (d) Buring Labor  (e) Stillborn  (f) Before Labor  (h) Born alive but now dead (c) Stillborn  (d) Before Labor  (h) Before Labor  (h) Born alive but now dead (c) Stillborn  (d) Before Labor  (h) Before Labor	18/2000	20. 1	Birthplace (city or pla (State or country)	ce) Mi	em	
S. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living  (b) Born alive but now dead (c) Stillborn  (c) Stillborn  (d) Before Labor  (d) Before Labor  (d) Before Labor  (d) Before Labor  (e) Stillborn  (e) Stillborn  (f) Before Labor  (h) During Labor  (h) Before Labor  (h) B	kind of work done, as farmer,	NOILY	of work done, as I	iousekeeper,	Lauren	rle
(At time of this birth and including this child)  (a) Born alive and now living  (b) Born alive but now dead  (c) Stillborn  (d) Born alive but now dead  (d) Stillborn  (e) Before Labor  (f) During Labor  (f) Was 1% silver nitrate used to prevent infant blindness? Yes No  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  I hereby certify that I attended the birth of this child, who was no the date above stated, and that the above facts as given re true to the best of my knowledge, information and belief.  When there was no attending physician or midwife, then the father, householder, etc., must make this return.  Given name added from a supple-  (Signature)  PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)  Address  REGISTRAR	15. Industry or business in which work was done, as factory, office, bank, etc.	dnoo	work was done, a	s own home.	nos	ee,
period of gestation { or weeks   25. Cause of stillbirth }	23. Number of children of this mother (At time of this birth and including this child) (a) Born	alive and now living	(b) Born	alive but now dead	(c) Still	lborn O
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  I hereby certify that I attended the birth of this child, who was no the date above stated, and that the above facts as given re true to the best of my knowledge, information and belief.  *When there was no attending physician or midwife, then the father, householder, etc., must make this return.  Given name added from a supple-  (Signature)  PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)  Address  Signature)  RECUSTRAR		e of stillbirth		{		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  I hereby certify that I attended the birth of this child, who was no the date above stated, and that the above facts as given re true to the best of my knowledge, information and belief.  *When there was no attending physician or midwife, then the father, householder, etc., must make this return.  Given name added from a supple-  (Signature)  PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)  Address  Address  REGISTRAR	26. Was 1% silver nitrate used to prevent infant blindne	ss? Yes No				
I hereby certify that I attended the birth of this child, who was no the date above stated, and that the above facts as given re true to the best of my knowledge, information and belief.  *When there was no attending physician or midwife, then the father, householder, etc., must make this return.  Given name added from a supple-  (Signature)  PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)  Address  Address  REGISTRAR			TUCICIEINI OD M	INITION#		
The date above stated, and that the above facts as given re true to the best of my knowledge, information and belief.  When there was no attending physician or midwife, then the father, householder, etc., must make this return.  Given name added from a supple-  (Signature)  PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)  Address.  (Signature)  REGISTRAR				/ /	111	5 D.
*When there was no attending physician or midwife, then the father, householder, etc., must make this return.  Given name added from a supple-  (Signature)  PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)  Address  Address  REGISTRAR	I hereby certify that I attended the birth of	this child, who was	(Born Alive or	Born Dead)	at./	M.,
When there was no attending physician or midwife, then the father, householder, etc., must make this return.  PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)  Address  Signature)  REGISTRAR			100	1-/4		
wife, then the father, householder, etc., must make this return.  Given name added from a supple-  (Signature)  (Cross out words which do not apply)  Address  REGISTRAR	( *When there may no attending physician on -13 1	(Signature)		oru		
Given name added from a supple-  (Signature)  Address  REGISTRAR	wife, then the father, householder, etc., must make	0-	PHYSICIAN, MI (Cross out	DWIFE, PARENT O words which do not an	R INFORMANT	
Given name added from a supple-	(this return.	Date Date 30			meto-	_
PROPERTY AND THE REGISTRAN	Given name added from a supple-		1901	Dane	hand	
nental report , 19 Filed , 1935 Address // A		0,,,	1. 50	1	REGIS	STRAR
	mental report, 19	Filed //	10,1955	Address //LLM	cerony	Mas
		7/				

• mental report....

ы		
e de		
ä		

PLACE OF BIRTH THE STATE OF MINNESOTA	PLACE OF BIRTH THE STATE OF MINNESOTA
1. County of Division of Vital Statistics CERTIFICATE OF BIRTH	1. County of Mille acc
Township of Thanks	Township of Amelion CERTIFICATE OF BIRTH
or Village of  Reg. District No. 1 No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)	or No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)
City of	City of
2. FULL NAME OF CHILD Please PRINT names in capitals)  1. FULL NAME Supplemental report as directed.	2. FULL NAME OF CHILD (Picase PRINT names in capitals)  (Picase PRINT names in capitals)  (Picase PRINT names in capitals)
3. Sex   If plural 4. Twin, triplet, or other 6. Premature 7. Legitibirths 8. Date of birth 30	3. Sex If plural 4. Twin, triplet, or other Juin 6. Premature 7. Legitizer 8. Date of May 7
(5. Number, in order of birth   Full term   mater   (Month, day, year)	(Month) day, year)
9. Full maiden 49.	(PRINT) FATHER (PRINT) MOTHER  9. Full (PRINT) MOTHER  16. Full maiden
10. Residence (usual place of abode) (If nonresident, give place and State)  17. Residence (usual place of abode) (If nonresident, give place and State)	10. Residence (ushal place of abode) (if nonresident, give place and State)  17. Residence (usual place of abode) (If nonresident, give place and State) (If nonresident, give place and State)
11. Color or race 12. Age at last birthday 27 (years) 18. Color or race 19. Age at last birthday 24 (years)	11. Color or race 7 12. Age at last birthday 32 (years) 18. Color or race 7 19. Age at last birthday 2. (years)
13. Birthplace (city or place) (State or country)  20. Birthplace (city or place) (State or country)	13. Birthplace (city or place) This (State or equatry) (State or equatry)
	(State of Country)
bookkeeper, etc. Typist, nurse, clerk, etc.	bookkeeper, etc. Appella typist, nurse, clerk, etc.
15. Industry or business in which work was done, as factory, office, bank, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.	15. Industry or business in which work was done, as factory, of office, bank, etc.
	o   office, bank, etc.     o   lawyer's office, factory, etc.
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn	(At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn
24. If stillborn, period of gestation (months or weeks) 25. Cause of stillbirth (During Labor)	24. If stillborn, months or weeks 25. Cause of stillbirth Before Labor During Labor
26. Was 1% silver nitrate used to prevent infant blindness? Yes No	26. Was 1% silver nitrate used to prevent infant blindness? Yes No
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.	I hereby certify that I attended the birth of this child, who was form the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.
(Signature)  PHYSICIAN, MIDWIFE, PARENT OR INFORMANT  (Gross out words which do not apply)	(*When there was no attending physician or mid-)  (Signature)  PHYSICIAN MOWIFE PARENTOR INFORMANT
(Cross out words which do not apply)  Date  Address	wife, then the father, householder, etc., must make this return. (Cross out words which do not apply)
Given name added from a supple- (Signature) Geo Granfias	Given name added from a supple-
mental report , 19 Filed 19 , 1938 Address Pursue to RECHETRAR	mental report 19 Filed P , 1937 Address Purula REGISTRAR
C C	mental report, 17
Division of Vital Statistics  Township of CERTIFICATE OF BIRTH  Reg. District No. in Registration Book.  Village of (Above numbers to be filled in only by local registrar or his deputy)  (No. , St.; Ward)  2. FULL NAME OF CHILD (If birth occurred in a hospital of institution, give its NAME instead of street and number)  St.; ward)  Village of Street and number (If birth occurred in a hospital of institution, give its NAME instead of street and number)  St.; ward)  Village of Street and number (If birth occurred in a hospital of institution, give its NAME instead of street and number)  St.; ward)	1. County of Division of Vital Statistics CERTIFICATE OF BIRTH  Township of Village of No. in Registration Book Village of (Above numbers to be filled in only by local registrar or his deputy)  City of (No. , St.; Ward)  2. FULL NAME OF CHILD (If birth occurred) in a hospital or institution, give its NAME instead of street and number)  Supplemental report as directed.
(Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other 6. Premature 7. Legitive 8. Date of plural 14 3P	(Please PRINT names in capitals)  3. Sex / If plural 4. Twin, triplet, or other 6. Premature 7. Legiti- 8. Date of 2011 7 38
births 5. Number, in order of birth Full term mate? birth (Month, day, year)	firths 5. Number, in order of birth Full term fich mate? (Month) day, year)
(PRINT) FATHER (PRINT) MOTHER (PRINT)	(PRINT) FATHER (PRINT) MOTHER  16. Full
9. Full Mur July Villnon maiden Emma Jobila	9. Full gay ( lemons maiden ) fred Grasterg
10. Residence (usual place of abode) (If nonresident, give place and State)  17. Residence (usual place of abode) (If nonresident, give place and State)	10. Residence (usual place of abode) (If nonresident, give place and State)  17. Residence (usual place of abode) (If nonresident, give place and State)
11. Color or race 12. Age at last birthday 7 (years) 18. Color or race 19. Age at last birthday 7 (years)	11. Color or race 12. Age at last birthday 3 2 (years) 18. Color or race 11. Age at last birthday 2 9 (years)
13. Birthplace (city or place) 4 2 1 20. Birthplace (city or place) 4 20 1 20. Birthplace (city or place)	13. Birthplace (city or place)  20. Birthplace (city or place)
(Stafe or country)  (Stafe or country)  (Stafe or country)  Z   21. Trade, profession, or particular kind	(State or country) (State or country)
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as factory, office, bank, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.	15. Industry or business in which work was done, as factory, office, bank, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn	23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn
24. If stillborn, period of gestation { months or weeks   25. Cause of stillbirth   During Labor	24. If stillborn, months period of gestation for weeks 25. Cause of stillbirth
26. Was 1% silver nitrate used to prevent infant blindness? Yes No	26. Was 1% silver nitrate used to prevent infant blindness? Yes No
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.	I hereby certify that I attended the birth of this child, who was on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.
*When there was no attending physician or mid- wife, then the father, householder, etc., must make   (Signature)  PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Gross out words which do not apply)	*When there was no attending physician or mid- wife, then the father, householder, etc., must make }  (Signature)  PHYSICIAN, MIDWIFE, PARENT OR INFORMANT  (Cross out words which do not apply)
(this return. ) Date Address	(this return. ) Date / 5 Address/
Given name added from a supple-	Given name added from a supple-
mental report , 19 Filed 19 , 19 Address August 19 Address 19	mental report , 19 Filed Ene , 19 Address Princetting Mann

1. County of Mille Jack	
ar sound or many grant and a second	Division of Vital Statistics
Township of Prometon	CERTIFICATE OF BIRTH
Village of	No. in Registration Book  Above numbers to be filled in only by local registrar or his deputy)
City of	, St.;
2. FULL NAME	If child is not yet named, make supplemental report as directed.
3. Sex If plural 4. Twin, triplet, or other 6. Prematu	re 7. Legiti- 8. Date of 4. 1. 30
Female births (5. Number, in order of birth Full term	birth duy 919
9. Full name of the Deubles	16. Full MOTHER Parties
10. Residence (usual place of abode)	17. Residence (usual place of abode)
(If nonresident, give place and State) / 11. Color or race / 12. Age at last birthday 3 6 (years)	18. Color or race 19. Age at last birthday (years)
13. Birthplace (city or place) (State or country)	20. Birthplace (city or place)
	(State or country)  Z 21. Trade, profession, or particular kind of work done, as housekeeper,
bookkeeper, etc.	of work done, as nousekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as factory, office, bank, etc.	21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living	
24. If stillborn, (months	Before Labor
period of gestation { or weeks   25. Cause of stillbirth	During Labor
26. Was 1% silver nitrate used to prevent infant blindness? Yes No	
	NG PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who on the date above stated, and that the above facts as given	(Born Alive or Born Dead)
are true to the best of my knowledge, information and belief.  (Signature)	of It aley
*When there was no attending physician or mid- wife, then the father, householder, etc., must make this return.	PHYSICIAN, MIDWIFE, PARENT OF INFORMANT (Cross out words which do not apply)
Given name added from a supple-	Address
Tu h	ture) REGISTRAR
mental report , 19 Filed	7 Address Market Market
1. County of Mille Lacs	THE STATE OF MINNESOTA  Division of Vital Statistics
Township of Proceeding Reg. District No.	
Township of Punceton Reg. District No.	Division of Vital Statistics CERTIFICATE OF BIRTH  D
Township of Reg. District No.  Village of City of (No. (If birth occa)  2. FULL NAME OF CHILD (Please PRINT names in capitals)  3. Sex off plural 4. Twin, triplet, or other 6. Prematu	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy)  The street and number of the supplemental or institution, give its NAME instead of street and number of the supplemental report as directed.  The supplemental report as directed.  The supplemental report as directed.
Township of Reg. District No.  Village of No.  City of No.  2. FULL NAME OF CHILD (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other births 5. Number, in order of birth Full term	Division of Vital Statistics CERTIFICATE OF BIRTH  D. No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  St.; Ward)  urred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  Te. 7. Legiti-  birth (Month, day, year)
Township of Polymer Reg. District No. Village of City of CHILD (Please PRINT names in capitals)  Reg. District No. (If birth occa)  (No. (If birth occa)  (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other 6. Prematu	Division of Vital Statistics CERTIFICATE OF BIRTH  D
Township of Reg. District No.  Village of (No. (If birth occ.)  2. FULL NAME OF CHILD (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other births (PRINT)  FATHER  9. Full name Parallel (Print)	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy)  The property of the proper
Township of Pillage of City of CHILD (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other births (PRINT) FATHER  9. Full	Division of Vital Statistics CERTIFICATE OF BIRTH  D. No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy)  St.; Ward)  wered in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  Te. 7. Legiti-  mater (Month, day, year)  MOTHER  16. Full  maiden
Township of Reg. District No Village of City of (No. (If birth occasion of CHILD (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other births  (PRINT) FATHER  9. Full name  10. Residence (usual place of abode)	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy)  The state of the street and number of the supplemental report as directed.  The street of the street and number of the supplemental report as directed.  The street of the street and number of the supplemental report as directed.  The street of the street and number of the supplemental report as directed.  The street of the street and number of the supplemental report as directed.  The street of the street and number of the street and number of the supplemental report as directed.  The street of the street and number o
Township of Reg. District No Village of City of (No. (If birth occidence of the property of City of Sex Of CHILD (Please PRINT names in capitals)  3. Sex Of plural 4. Twin, triplet, or other Sex Of Child Full term (PRINT) FATHER  9. Full name  10. Residence (usual place of abode) (If nonresident, give place and State)  11. Color or race 12. Age at last birthday 27 (years)  13. Birthplace (city or place)	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy)  The street and number of the filled in only by local registrar or his deputy)  The street and number of the filled is not yet named, make supplemental report as directed.  The supplemental
Township of Reg. District No Village of City of (No. (If birth occidence of City of Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other Full term (PRINT) FATHER  9. Full name PATHER  10. Residence (usual place of abode) (if nonresident, give place and State)  11. Color or race 12. Age at last birthday 7 (years)  13. Birthplace (city or place) (State or country)	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy)  The property of the filled in only by local registrar or his deputy)  The property of the filled in only by local registrar or his deputy)  The property of the filled in only by local registrar or his deputy)  The property of the filled in only by local registrar or his deputy)  The property of the filled in only by local registrar or his deputy)  The property of the filled in only by local registrar or his deputy)  The property of the filled in only by local registrar or his deputy)  The property of the filled in only by local registrar or his deputy)  The property of the filled in only by local registrar or his deputy)  The property of the filled in only by local registrar or his deputy)  The property of the filled in only by local registrar or his deputy)  The property of the filled in only by local registrar or his deputy)  The property of the filled in only by local registrar or his deputy)  The property of the filled in only by local registrar or his deputy)  The property of the filled in only by local registrar or his deputy)  The property of the filled in only by local registrar or his deputy)  The property of the filled in only by local registrar or his deputy)  The property of the filled in only by local registrar or his deputy)  The property of the filled in only by local registrar or his deputy)  The property of the filled in only by local registrar or his deputy)  The property of the filled in only by local registrar or his deputy)  The property of the filled in only by local registrar or his deputy)  The property of the filled in only by local registrar or his deputy)  The property of the filled in only by local registrar or his deputy)  The property of the filled in only by local registrar or his deputy)  The property of the filled in only by local registrar or his deputy)  The property of the filled in only by local registrar or his deputy)  The prop
Township of Reg. District No Village of City of (No. (If birth occidence of City of Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other Full term (PRINT) FATHER  9. Full name PATHER  10. Residence (usual place of abode) (if nonresident, give place and State)  11. Color or race 12. Age at last birthday 7 (years)  13. Birthplace (city or place) (State or country)	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy)  The state of the street and number of the supplemental report as directed.  The supplemental report as directed.
Township of Pullage of City of	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book.  Above numbers to be filled in only by local registrar or his deputy)  St.: Ward)  ured in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  To Legitimate?  8. Date of birth  (Month, day, year)  (PRINT)  16. Full maiden name  17. Residence (usual place of abode)  (If nonresident, give place and State)  18. Color or race  19. Age at last birthday  (years)  20. Birthplace (city or place)  (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper,
Township of	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book.  (Above numbers to be filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy in the filled in only by local registrar or his deputy in the filled in only by local regi
Township of	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book.  (Above numbers to be filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy in the filled in only by local registrar or his deputy in the filled in only by local regi
Township of	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book Above numbers to be filled in only by local registrar or his deputy)  St.; Ward)  Ward and the process of the filled in only by local registrar or his deputy)  St.; Ward and the process of the filled in only by local registrar or his deputy)  From the filled in only by local registrar or his deputy)  St.; Ward and the process of the filled in only by local registrar or his deputy)  If child is not yet named, make supplemental report as directed.  From the filled in only by local registrar or his deputy)  Ward and the process of the filled in only by local registrar or his deputy)  From the filled in only by local registrar or his deputy)  Ward and the process of the filled in only by local registrar or his deputy)  From the filled in only by local registrar or his deputy)  Ward and the filled in only by local registrar or his deputy)  Ward and the process of the filled in only by local registrar or his deputy)  Ward and the filled in only by local registrar or his deputy)  Ward and the filled in only by local registrar or his deputy)  Ward and the process of the filled in only by local registrar or his deputy)  Ward and number
Township of	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book Above numbers to be filled in only by local registrar or his deputy)  No. in Registration Book Above numbers to be filled in only by local registrar or his deputy)  No. in Registration Book Above numbers to be filled in only by local registrar or his deputy)  No. in Registration Book No. in Reg
Township of Village of City of CHILD (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other Full term (PRINT) FATHER  9. Full name  10. Residence (usual place of abode) (if nonresident, give place and State)  11. Color or race 12. Age at last birthday 7 (years)  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living the period of gestation for weeks 25. Cause of stillbirth  26. Was 1% silver nitrate used to prevent infant blindness? Yes Note CERTIFICATE OF ATTENDIN I hereby certify that I attended the birth of this child, who on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book.  Above numbers to be filled in only by local registrar or his deputy)  St.:  Ward)  Ward)  Ward arred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  Residence (usual place of abode)  (If nonresident, give place and State)  17. Residence (usual place of abode)  (If nonresident, give place and State)  18. Color or race  19. Age at last birthday  (years)  20. Birthplace (city or place)  (State or country)  20. Birthplace (city or place)  (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  23. (b) Born alive but now dead  (c) Stillborn  Before Labor  During Labor  ONG PHYSICIAN OR MIDWIFE*  PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
Township of or Village of City of CHILD (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other births  5. Number, in order of birth Full term (PRINT) FATHER  9. Full name  10. Residence (usual place of abode) (if nonresident, give place and State)  11. Color or race 12. Age at last birthday 7 (years)  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living the country of the period of gestation for weeks 25. Cause of stillbirth  26. Was 1% silver nitrate used to prevent infant blindness? Yes Note CERTIFICATE OF ATTENDIN I hereby certify that I attended the birth of this child, who on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief. (Signature)	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book. Above numbers to be filled in only by local registrar or his deputy)  St.: Ward)  Ward in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  8. Date of birth.  (PRINT)  16. Full maiden name  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday  (years)  20. Birthplace (city or place) (State or country)  Value of work done, as housekeeper, typist, nurse, clerk, etc.  21. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  23. (b) Born alive but now dead  (c) Stillborn  Before Labor  During Labor  ONG PHYSICIAN OR MIDWIFE*  OWAS  (Born Alive or Born Dead)
Township of or Village of City of City of CHILD (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other birth (PRINT) FATHER  9. Full name  10. Residence (usual place of abode) (if nonresident, give place and State)  11. Color or race 12. Age at last birthday (years)  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living the country of the country	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  arred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  To Legitimate MOTHER  (Moath, day, year)  MOTHER  (PRINT)  16. Full maiden name  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  30. Was (Born Aliye or Born Dead)  PHYSICIAN OR MIDWIFE PAKENT OR INFORMANT (Cross out words which do not apply)  Address.  Address.

PLAGE OF BIRTH	THE STATE OF MINNESOTA
1. County of Milles Tues	Division of Vital Statistics CERTIFICATE OF BIRTH
Village of	District No. No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)
City of (No	(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME OF CHILD (as PRINT names in capitals)	If child is not yet named, make supplemental report as directed.
3. Sex If plural 4. Twin, triplet, or other	6. Premature 7. Legiti- 8. Date of 7- 7 7 138 Full term mary (Month, day, year)
(PRINT) FATHER  9. Pulm and & hard	(PRINT) MOTHER  16. Full maiden belen Chestel
10. Residence (usual place of abode) (If nonresident, give place and Statemulaca)	77. Residence (usual place of abode) Allelaca ***
11. Color or race 12. Age at last birthda	(years) 18. Color or rack 19. Age at last birthday 6 (years)
13. Birthplace (city or place Osholossay	Ja. 20. Birthplace (city or place) Sound S. Dak
14. Trade, profession, or particular kind of work done, as farmer elections	21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
14. Trade, profession, or particular kind of work done, as farmer electron bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.	21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive a	nd now living (b) Born alive but now dead (c) Stillborn
24. If stillborn, period of gestation \( \begin{array}{c} \text{months} \\ \text{or weeks} \end{array} \end{array} \) 25. Cause of st	Before Labor During Labor
26. Was 1% silver nitrate used to prevent infant blindness?	Yes No
I hereby certify that I attended the birth of this	
on the date above stated, and that the above facts as are true to the best of my knowledge, information an	nd belief.
*When there was no attending physician or mid- wife, then the father, householder, etc., must make this return.	PHYSICIAN, MIDWIFE, PAPINT OR INFORMANT (Cross out words which to not apply)  Address.
Given name added from a supple-	(Stenature) Les Bouhard
mental report, 19Filed	Sept 7, 1938 Address RECISTRAR
PLACE OF BIRTH  1. County of Reg.  Township of Reg.  Village of (No.  2. FULL NAME OF CHILD (Please PRINT pames in capitals)	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH  District No. No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  St.; Ward)  If birth occurred in hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.
3. Sex If plural 4. Twin, triplet, or other births	6. Premature 7. Legitique 8. Date of Aug \$ 38
(5. Number, in order of birth (PRINT) FATHER	Full term (Month, day, year)  (PRINT) MOTHER
9. Full Oscar R Lusto,	16. Full maiden War of Que Political
	name / 8 asel M. Sewer
10. Residence (usual place of abode) (If nonresident, give place and State)	name / 8 agel M. Criwer
10. Residence (usual place of abode) (If nonresident, give place and State)  11. Color or race 12. Age at last birthday 30	17. Residence (usus) place of abode) (If nonresident, give place and State)
11. Color or race 12. Age at last birthday 30	17. Residence (usus) place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday  20. Birthplace (city or place)
11. Color or race 12. Age at last birthday 30  13. Birthplace (city or place) (State or country)	17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday  20. Birthplace (city or place) (State or country)
11. Color or race 12. Age at last birthday 30  13. Birthplace (city or place) (State or country)	name  17. Residence (usus) place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday  20. Birthplace (city or place) (State or country)  2   21. Trade, profession, or particular kind
(If nonresident, give place and State)  11. Color or race  12. Age at last birthday 30  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother	17. Residence (usup place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
(If nonresident, give place and State)  11. Color or race  12. Age at last birthday 30  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and the state of this birth and including this child)	17. Residence (usup place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  (b) Born alive but now dead  (c) Stillborn  Before Labor
(If nonresident, give place and State)  11. Color or race  12. Age at last birthday 30  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and 24. If stillborn, months	17. Residence (usus) place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  19. Age at last birthday  (years)  8. Color or race  19. Age at last birthday  (years)  10. Before Labor  11. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  19. Age at last birthday  (years)  19. Before Labor
11. Color or race  12. Age at last birthday 30  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Born alive at 24. If stillborn, period of gestation  24. If stillborn, for weeks 25. Cause of still the still be st	17. Residence (usup place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  19. Age at last birthday  (years)  (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  19. Age at last birthday  (years)  (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  23. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  24. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  25. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  26. Manual Action of the profession of the profe
(If nonresident, give place and State)  11. Color or race  12. Age at last birthday 30  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Born alive at 24. If stillborn, period of gestation  26. Was 1% silver nitrate used to prevent infant blindness?  CERTIFICATE OF I hereby certify that I attended the birth of this on the date above stated, and that the above facts as are true to the best of my knowledge, information and When there was no attending physician or mid-	17. Residence (usup place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  33 (c) Stillborn  4 (c) Stillborn  4 (c) Stillborn  4 (c) Stillborn  4 (c) Stillborn  5 (d) Before Labor  6 (d) During Labor  7 (e) During Labor  18. Color or race  19. Age at last birthday  (years)  19. Age at last birthday  (years)  10. Age at last birthday
(If nonresident, give place and State)  11. Color or race  12. Age at last birthday 30  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Born alive at 24. If stillborn, period of gestation  24. If stillborn, for weeks 25. Cause of still the country of the date above stated, and that the above facts as are true to the best of my knowledge, information and (Sione)	17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  23. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  24. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  25. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  26. Birthplace (city or place) (State or country)  27. Trade, profession, or particular kind of work was done, as housekeeper, typist, nurse, clerk, etc.  28. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  29. Birthplace (city or place)  20. Birthplace (city or place) (State or country)  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work work which do not apply)

PLACE OF BIRTH THE STATE OF MINNESOTA	PLACE OF BIRTH
M // Fan. Division of Vital Statistics	m.00 f.
1. County of	1. County of Market Co.
Township of	Township of Reg. District No.
City of No. , St.; Ward)	city of (No
2. FULL NAME OF CHILD Recast PRINT names in capitals)  (If birth occurred in a hospital of institution, give its NAME instead of street and number) If child is not yet named, make supplemental report as directed.	2. FULL NAME PRINT names in capitals (If birth occ
3. Sex If plural 4. Twin, triplet, or other 6. Premature 7. Legiti-	3. Sex If plural 4. Twin, triplet, or other 6. Prematu
(5. Number, in order of birth   Full term   mate) (Mofth, day, year)	births 5. Number, in order of birth Full term
(PRINT) FATHER (PRINT) MOTHER  16. Full	(PRINT) FATHER
9. Full Toput I Clever maiden dorna B Farester	9. Full clufford pluck
10. Residence (usual place of abode) (If nonresident, give place and State)	10. Residence (usual place of kbode) (If nonresident, give place and State)
11. Color or race W 12. Age at last birthda 3 / (years) 18. Color or race 19. Age at last birthday Z & (years)	11. Color or race 1), 12. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or country)  20. Birthplace (city or place) (State or country)	13. Birthplace (city or place)
	(State or country)
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.	15. Industry or business in which work was done, as factory, office, bank, etc.
23. Number of children of this mother	23. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn	(At time of this birth and including this child) (a) Born alive and now living
24. If stillborn, from the period of gestation for weeks 25. Cause of stillbirth 25. Cause of stillbirth	24. If stillborn, for weeks or weeks 25. Cause of stillbirth
26. Was 1% silver nitrate used to prevent infant blindness? Yes No	26. Was 1% silver nitrate used to prevent infant blindness? Yes N
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	CERTIFICATE OF ATTENDI
I hereby certify that I attended the birth of this child, who was on the date above stated, and that the above facts as given Born Aliye or Born Date.	I hereby certify that I attended the birth of this child, who on the date above stated, and that the above facts as given
are true to the best of my knowledge, information and belief. // Floringer	are true to the best of my knowledge, information and belief. (Signature)
*When there was no attending physician or mid- wife, then the father, householder, etc., must make this return.  PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)	When there was no attending physician or mid- wife, then the father, householder, etc., must make
Given name added from a supple-	Given name added from a supple-
Signature REGISTRAR	(Sign.
mental report, 19 Filed , 190 Address Andrew	mental report , 19 Filed //LOV
Division of Vital Statistics  CERTIFICATE OF BIRTH  Township of	1. County of Mulle Caco  Township of Prescribes  Village of Reg. District No. (No. (If birth occ
OF CHILD Supplemental report as directed.	OF CHILD (Please PRINT names in capitals)
If plural 4. Twin, triplet, or other 6. Premature 7. Legitibirth 5. Number, in order of birth Full term mate 44 (Month, day, year)	3. Sex If plural 4. Twin, triplet, or other 6. Premate births 5. Number, in order of birth Full term
(PRINT) FATHER (PRINT) MOTHER  16. Full	(PRINT) FATHER
9. Full name maiden Jesse Seven & - Deven port	9. Full grange G. Culter
10. Residence (usual place of abode) (If nonresident, give place and State)  17. Residence (usual place of abode) (If nonresident, give place and State)	10. Residence (usual place of abode) (If nonresident, give place and State)
90/ 01/ 90/ 19	11.
11. Color or race   12. Age at last birthday   12. Age at last birthday   13. Birthplace (city or place)   14. Age at last birthday   15. Color or race   16. Color or race   17. Age at last birthday   18. Color or race   19. Age at last birthday   18. Color or race   19. Age at last birthday   19. Age at last birthda	11. Color or race   12. Age at last birthday 3 (years)  13. Birthplace (city or place)
(State or country) (State or country)	(State or country) TOO Asia Soulo
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.	14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.
15. Industry or business in which work was done, as factory,  22. Industry or business in which work was done, as own home,	15. Industry or business in which work was done, as factory,
office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn	office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now livin
24. If stillborn, period of gestation { months or weeks   25. Cause of stillbirth } 25. Cause of stillbirth   During Labor	24. If stillborn, period of gestation { months or weeks   25. Cause of stillbirth
26. Was 1% silver nitrate used to prevent infant blindness? Yes No	26. Was 1% silver nitrate used to prevent infant blindness? Yes N
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  I hereby certify that I attended the birth of this child, who was the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.  (Born Alive or Born Dead)	I hereby certify that I attended the birth of this child, who on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief-
*When there was no attending physician or mid- wife, then the father, householder, etc., must make this return.  (Signature)  PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)  Date	When there was no attending physician or mid- wife, then the father, householder, etc., must make this return.
Given name added from a supple-	Given name added from a supple (Signa
O REGISTRAR	(Signa

PLACE OF BIRTH	THE STATE OF MINNESOTA
1. County of Mille Laces	Division of Vital Statistics CERTIFICATE OF BIRTH
Township of Presceton Reg. District No	No. in Registration Book
O'C	numbers to be filled in only by local registrar or his deputy)  , St.;
2. FULL NAME OF CHILD (Please PRINT dames in capitals)	a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.
3. Sex   If plural 4. Twin, triplet, or other 6. Premature 6.	7. Legiti 8. Date of Sent - 2 0 193 8
5. Number, in order of birth Full term	(Month, day, year)  (PRINT)  MOTHER
9. Full () . 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Full maiden Yearena Puth Sattlerland
10. Residence (usual place otabode)	Residence (usual place of abode) (If nonresident, give place and State)
11. Color or race W. 12. Age at last birthday 33 (years) 18.	Color or race W 19. Age at last birthday (years)
(State or country)	Birthplace (city or place) (State or country)
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.	21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.	22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living	6 (b) Born alive but now dead (c) Stillborn
24. If stillborn, period of gestation \[ \begin{array}{c} \text{months} \\ \text{or weeks} \end{array} \] 25. Cause of stillbirth \[ \begin{array}{c}	Before Labor
26. Was 1% silver nitrate used to prevent infant blindness? Yes No	HIVEIGIAN OD MIDWIEF*
I hereby certify that I attended the birth of this child, who was on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.	18
( *When there was no attending physician or mid-)	PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
wife, then the father, householder, etc., must make this return.	· 3 8 (Cross out words which do not apply)
Given name added from a supple- (Signature).	Go. Borchard BREGISTRAR
mental report , 19 Filed Nov - 1	, 19.3 Address March March
PLACE OF BIRTH	THE STATE OF MINNESOTA
PLACE OF BIRTH  1. County of Mille Roco	Division of Vital Statistics
1. County of MilleRaco Township of Princeton Reg. District No.	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book
Township of Princeton Village of Reg. District No. (Above	Division of Vital Statistics  CERTIFICATE OF BIRTH  No. in Registration Book  numbers to be filled in only by local registrar or his deputy)
Township of Princeton Village of Reg. District No. (Above	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book
1. County of Mille Roco  Township of Princeton  Village of Reg. District No. (Above City of (No. (If birth occurred in OF CHILD Arron) and Control of Child Arron (Above City of Child Arron) and Control of Child Arron (Above City of Child Arron) and Control of Child Arron (Above City of Chil	Division of Vital Statistics  CERTIFICATE OF BIRTH  No. in Registration Book numbers to be filled in only by local registrar or his deputy)  St.; Ward) a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.
Township of Provided Reg. District No  Village of (Above City of (No  2. FULL NAME OF CHILD (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other births (5. Number, in order of birth Full term (PRINT) FATHER	Division of Vital Statistics  CERTIFICATE OF BIRTH  No. in Registration Book numbers to be filled in only by local registrar or his deputy)  St.; Ward) a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  7. Legiti- mate?  8. Date of birth (Month, day, year)  PRINT)  MOTHER
Township of Provided Reg. District No  Village of (Above City of (No  2. FULL NAME OF CHILD (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other births (5. Number, in order of birth Full term (PRINT) FATHER  9. Full name (PRINT) (16. If the plural of the plural of the plural of the plural order of birth (PRINT) (PRINT) (PRINT) (16. If the plural of the plural order of birth (PRINT) (PRINT	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book numbers to be filled in only by local registrar or his deputy)  a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  7. Legiti- mate?  8. Date of birth (Month, day, year)  PRINT)  MOTHER  Full maiden  A Children A
Township of Production of Village of Reg. District No. (Above City of City of Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other births 5. Number, in order of birth Full term (PRINT) FATHER  9. Full name Production of Section 10. Residence (usual place of abode)	Division of Vital Statistics  CERTIFICATE OF BIRTH  No. in Registration Book numbers to be filled in only by local registrar or his deputy)  statement of the filled in only by local registrar or his deputy)  St.; Ward) a hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report as directed.  7. Legiti- mate?  8. Date of birth (Month, day, year)  PRINT)  MOTHER  Full maiden
Township of Provided Reg. District No  Village of (Above Or City of (No  2. FULL NAME OF CHILD (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other births (5. Number, in order of birth Full term (PRINT) FATHER  9. Full name (10. Residence (usual place of abode) (If nonresident, give place and State)	Division of Vital Statistics  CERTIFICATE OF BIRTH  No. in Registration Book numbers to be filled in only by local registrar or his deputy)  St.; Ward) a hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report as directed.  7. Legiti- mate?  8. Date of birth (Month, day, year)  PRINT)  MOTHER  Full maiden name  Residence (usual place of abode)
Township of Provided Reg. District No  Village of (Above Or City of (No  2. FULL NAME OF CHILD (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other birth (PRINT) FATHER  9. Full name (PRINT) FATHER  10. Residence (usual place of abode) (If nonresident, give place and State)  11. Color or race 12. Age at last birthday 3 (years) 18. (State or country)	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book numbers to be filled in only by local registrar or his deputy)  St.; Ward) a hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report as directed.  7. Legiti- mate?  8. Date of birth (Month, day, year)  PRINT)  MOTHER  Residence (usual place of abode) If nonresident, give place and State)  Color or race  19. Age at last birthday 3 (years)  Birthplace (city or place) (State or country)
Township of Provided Reg. District No  Village of (Above Or City of (No  2. FULL NAME OF CHILD (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other birth (PRINT) FATHER  9. Full name (PRINT) FATHER  10. Residence (usual place of abode) (If nonresident, give place and State)  11. Color or race 12. Age at last birthday 3 (years) 18. (State or country)	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book numbers to be filled in only by local registrar or his deputy)  St.; Ward) a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  7. Legiti- mate?  8. Date of birth (Month, day, year)  PRINT)  MOTHER  Residence (usual place of abode) If nonresident, give place and State)  Color or race  19. Age at last birthday 3 (years)  Birthplace (city or place)
Township of Provided Reg. District No  Village of (Above or City of (No  2. FULL NAME OF CHILD (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other births (5. Number, in order of birth Full term (PRINT) FATHER  9. Full name (If nonresident, give place and State)  10. Residence (usual place of abode) (If nonresident, give place and State)  11. Color or race 12. Age at last birthday (years) 18. (If shirth occurred in the place of abode) (State or country)	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book numbers to be filled in only by local registrar or his deputy)  St.; Ward) a hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report as directed.  7. Legiti- mate?  8. Date of birth. (Month, day, year)  PRINT) MOTHER  Residence (usual place of abode) If nonresident, give place and State)  Color or race  19. Age at last birthday 3 (years)  Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper,
Township of Provided Reg. District No  Village of (Above Or City of (No  2. FULL NAME OF CHILD (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other birth (PRINT) FATHER  9. Full name (PRINT) FATHER  10. Residence (usual place of abode) (If nonresident, give place and State)  11. Color or race 12. Age at last birthday 3 (years) 18. (State or country)	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book numbers to be filled in only by local registrar or his deputy)  St.; Ward) a hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report as directed.  7. Legitimate?  8. Date of birth (Month, day, year)  PRINT) MOTHER  Residence (usual place of abode) If nonresident, give place and State)  Color or race  19. Age at last birthday 30 (years)  Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home,
Township of Pullage of City of City of City of Core City of City of City of Core City of City	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book numbers to be filled in only by local registrar or his deputy)  A hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  7. Legitimate?  8. Date of birth (Month, day, year)  PRINT)  MOTHER  Residence (usual place of abode) If nonresident, give place and State)  Color or race  19. Age at last birthday (years)  Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
Township of Politics of City of City of City of CHILD (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other births 5. Number, in order of birth Full term (PRINT) FATHER  9. Full name 10. Residence (usual place of abode) (If nonresident, give place and State)  11. Color or race 12. Age at last birthday 3 (years) 13. Birthplace (city or place) (State or country) (State or country) 14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 24. If stillborn, period of gestation { months or weeks} 25. Cause of stillbirth	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book numbers to be filled in only by local registrar or his deputy)  a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  7. Legitimate?  NOTHER  MOTHER  Residence (usual place of abode) If nonresident, give place and State)  Color or race  19. Age at last birthday  (years)  Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  (b) Born alive but now dead  (c) Stillborn  During Labor
Township of Poly Corporation of City of City of City of City of City of City of Children of this birth and including this child)  10. Residence (usual place of abode) (If nonresident, give place and State)  11. Color or race 12. Age at last birthday 30 (years)  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living  24. If stillborn, period of gestation for weeks 25. Cause of stillbirth  26. Was 1% silver nitrate used to prevent infant blindness? Yes No CERTIFICATE OF ATTENDING Pt I hereby certify that I attended the birth of this child, who was son the date above stated, and that the above facts as given	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book numbers to be filled in only by local registrar or his deputy)  St.; Ward  A hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  7. Legiti- mate?  8. Date of birth (Month, day, year)  PRINT)  MOTHER  Residence (usual place of abode)  If nonresident, give place and State)  Color or race  19. Age at last birthday 3 (years)  Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  (b) Born alive but now dead  (c) Stillborn  Before Labor  During Labor
Township of Paragraph (Above Or Village of Or City of City of City of City of City of City of Child (No. 116 birth occurred in OF CHILD (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other Solution of Child (If birth occurred in OF CHILD (PRINT) FATHER  9. Full FATHER  10. Residence (usual place of abode) (If nonresident, give place and State)  11. Color or race 12. Age at last birthday 3 (years)  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  26. Was 1% silver nitrate used to prevent infant blindness? Yes No CERTIFICATE OF ATTENDING PI I hereby certify that I attended the birth of this child, who was seen the country of the certain of this child, who was seen the country of the certain	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book.  numbers to be filled in only by local registrar or his deputy)  a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  7. Legiti-  mate?  8. Date of birth (Month, day, year)  PRINT)  MOTHER  maidence (usual place of abode)  If nonresident, give place and State)  Color or race  19. Age at last birthday (years)  Birthplace (city or place)  (State or country)  (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  (b) Born alive but now dead  (c) Stillborn (During Labor  HYSICIAN OR MIDWIFE  Age of INFORMANT  (Born Alive or Born Dead)
Township of Possible of Township of Townsh	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book numbers to be filled in only by local registrar or his deputy)  St.; Ward)  The hospital or institution, give its NAME instead of street and number)  If thild is not yet named, make supplemental report as directed.  7. Legitimater  MOTHER  Full Mother  Residence (usual place of abode)  If nonresident, give place and State)  Color or race  19. Age at last birthday 3 (years)  Birthplace (city or place)  (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  (b) Born alive but now dead  (c) Stillborn  Before Labor  During Labor  M.,  (Born Alive or Born Dead)  PHYSICIAN MIDWIFE*  A. M.,  BYSICIAN MIDWIFE PARENT OR INFORMANT

PLACE OF BIRTH	THE STATE OF MINNESOTA
1. County of Mylle hall	Division of Vital Statistics  CERTIFICATE OF BIRTH
Township of Truckels Reg. District N	No. in Registration Book
OP.	
2. FULL NAME A 1 1 E PO (If birth oc	curred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make
OF CHILD (Please PRINT names in capitals)	) supplemental report as directed.
3. Sex If plural 4. Twin, triplet, or other 6. Premat	ure 7. Legiti- 8. Date of 0 - 20 1938
(PRINT) (5. Number, in order of birth Full term (PRINT) FATHER	mate? 134 (Month, day, year)  (PRINT) MOTHER
9. Full Bent Bekins .	16. Full maiden Derra Godeke.
10. Residence (usual place of abode) The year for m	17. Residence (usual place of abode)
(If nonresident, give place and State)	(If nonresident, give place and State)
11. Color or race () . 12. Age at last birthday 57 (years)	100
13. Birthplace (city or place) (State or country)	20. Birthplace (city or place) 1 (State or country)
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.	21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.	20. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
23. Number of children of this mother	<u> </u>
(At time of this birth and including this child) (a) Born alive and now livi	(b) Born alive but now dead (c) Stillborn (D)  Before Labor
24. If stillborn, period of gestation (months or weeks) 25. Cause of stillbirth	During Labor
26. Was 1% silver nitrate used to prevent infant blindness? Yes	No
CERTIFICATE OF ATTENDED  I hereby certify that I attended the birth of this child, wh	ing Physician or Midwife*
on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.	(Born Alive or Born Dead)
(Signature)	PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
wife, then the father, householder, etc., must make this return.	O . 3 8 (Cross out words which do not apply)  Address
Given name added from a supple-	ature) Les. Borchard
mental report , 19 Filed 1 - 1	0 - ,193 Address Parcella REGISTRAR.
PLACE OF BIRTH  1. County of The Land Res District N	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH  No. in Registration Book
Village of	(Above numbers to be filled in only by local registrar or his deputy)
City of (No	ocurred in a hospital or institution, give its NAME instead of street and number)  VI child is not yet named, make
OF CHILD (Please PRINT names in capitals)	O 5 5 111 A supplemental report as directed.
3. Sex If plural 4. Twin, triplet, or other 6. Premate births	birth 19.3.0
(PRINT) (5. Number, in order of birth Full ter	mate? (Month, day, year) (PRINT) MOTHER
2. Full Henry Drosa envia	16. Full maiden and a maguina
10. Residence (usual place of abode)	17. Residence (usual place of abode) (If nonresident, give place and State)
(If nonresident, give place and State)	511
11. Color or race 12. Age at last birthday (years 13. Birthplace (city or place)	18. Color or race 19. Age at last birthday (years)  20. Birthplace (city or place)
(State or country)	(State or country)
kind of work done, as farmer, bookkeeper, etc.	of work done, as housekeeper typist, nurse, clerk, etc.
15. Industry or business in which work was done, as factory, office, bank, etc.	22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now liv	d
24. If stillborn, § months	Before Labor
period of gestation   or weeks   25. Cause of stillbirth	1 20 10 410 10
	(During Labor
26. Was 1% silver nitrate used to prevent infant blindness? Yes	Non ING PHYSICIAN OR MIDWIFE*
26. Was 1% silver nitrate used to prevent infant blindness? Yes	NOT ING PHYSICIAN OR MIDWIFE*
26. Was 1% silver nitrate used to prevent infant blindness? Yes  CERTIFICATE OF ATTEND  I hereby certify that I attended the birth of this child, whon the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.	ING PHYSICIAN OR MIDWIFE*
26. Was 1% silver nitrate used to prevent infant blindness? Yes  CERTIFICATE OF ATTEND  I hereby certify that I attended the birth of this child, whon the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.  *When there was no attending physician or midwife, then the father, householder, etc., must make }  (Signature)	ING PHYSICIAN OR MIDWIFE*
26. Was 1% silver nitrate used to prevent infant blindness? Yes  CERTIFICATE OF ATTEND  I hereby certify that I attended the birth of this child, whon the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.  *When there was no attending physician or midwife, then the father, householder, etc., must make this return.  Given name added from a supple-	ING PHYSICIAN OR MIDWIFE* no was at M., (Born Alive or Born Dead)  PHYSICIAN, MIDWIFE PARENT OR INFORMANT (Cross out words which tio not apply)  Address.
26. Was 1% silver nitrate used to prevent infant blindness? Yes  CERTIFICATE OF ATTEND  I hereby certify that I attended the birth of this child, when the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.  (Signature)	ING PHYSICIAN OR MIDWIFE*  no was

mm

1. County of Malla Rouse	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH
	No. in Registration Book
or or	, St.;
2. FULL NAME OF CHILD (Please PRINT names in capitals)	If child is not yet named, make supplemental report as directed.
3. Sex If plural 4. Twin, triplet, or other 6. Prematu births	birth
(PRINT) (5. Number, in order of birth Full term	(Month, day, year)  (PRINT)  MOTHER  16. Full
9. Full werner John Otto	maiden Margary B. Ruhoff.
10. Residence (usual place of abode) (If nonresident, give place and State)	17. Residence (usual place of abode) (If nonresident, give place and State)
11. Color or race . 12. Age at last birthday 3 (years)	18. Color or race 19. Age at last birthday 3 3 (years)
13. Birthplace (city or place) (State or country)  Z   14. Trade, profession, or particular	20. Birthplace (city or place) (State or country)  2   21. Trade, profession, or particular kind
kind of work done, as farmer, bookkeeper, etc.	of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as factory, office, bank, etc.	22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now livin	g A (b) Born alive but now dead (c) Stillborn
24. If stillborn, for weeks 25. Cause of stillbirth	Before Labor
26. Was 1% silver nitrate used to prevent infant blindness? Yes N	(During Labor
	NG PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.	was Some at L. SAM., (Born Alive or Born Dead)
*When there was no attending physician or mid- wife, then the father, householder, etc., must make this return.	PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)
Given name added from a supple-	3.38 Address Mincellan 711 in
mental report , 19 Filed 1 - /	0 - ,19.3 Address Production REGISTRAR
	m
**	THE CTATE OF MINIECOTA
PLACE OF BIRTH	THE STATE OF MINNESOTA Division of Vital Statistics
1. County of Mille Lacs Township of Princeton	Division of Vital Statistics CERTIFICATE OF BIRTH
1. County of Mille Lacs Township of Princeton Village of or	Division of Vital Statistics CERTIFICATE OF BIRTH  D. No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)
1. County of Mille Lace  Township of Princeton  Village of  Or  City of (No.	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book
1. County of Mille Lacs Township of Princeton Village of City of (No. (If birth occ	Division of Vital Statistics  CERTIFICATE OF BIRTH  D. No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  St.; Ward)  urred in a hospital or institution, give its NAME instead of street and number)
1. County of Mille Laco  Township of Princeton  Village of  City of  2. FULL NAME OF CHILD  CITY OF CHILD  CITY OF CHILD  CITY OF CHILD  CITY OF CHILD	Division of Vital Statistics CERTIFICATE OF BIRTH  D. No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  St.; Ward)  urred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.
Township of Pull Laco  Township of Pull Laco  Village of City of (No. (If birth occ  2. FULL NAME OF CHILD (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other 6. Prematu	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy)  The street and number of the control o
Township of Pull Laco  Township of Pull Laco  Village of City of (No. (If birth occ  2. FULL NAME OF CHILD (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other births  5. Number, in order of birth Full term	Division of Vital Statistics CERTIFICATE OF BIRTH  D. No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  Ward)  Unred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  The supplemental report as directed.  8. Date of birth (Month, day, year)
Township of Pull Laco  Township of Pull Reg. District No.  Village of Or	Division of Vital Statistics CERTIFICATE OF BIRTH  D. No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  Ward)  Urred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  8. Date of birth (Month, day, year)  (PRINT)  MOTHER  16. Full maiden
1. County of Politics  Township of Politics  Or Village of City of (No. (If birth occ  2. FULL NAME OF CHILD (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other births  5. Number, in order of birth Full term  (PRINT) FATHER  9. Full name (usual place of abode)	Division of Vital Statistics CERTIFICATE OF BIRTH  D. No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  Ward)  Unred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  The supplemental report as directed.  Registration Book (March 1988)  Ward)  If child is not yet named, make supplemental report as directed.  No. in Registration Book (March 1988)  Ward)  If child is not yet named, make supplemental report as directed.  Ward)  Ward)  Ward)  If child is not yet named, make supplemental report as directed.  Ward)  Ward)  If child is not yet named, make supplemental report as directed.
Township of Property Reg. District No.  Village of City of (No. (If birth occ  2. FULL NAME OF CHILD (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other births (S. Number, in order of birth FATHER  9. Full name Property FATHER  10. Residence (usual place of abode) (If nonresident, give place and State)  11. Color or race 12. Age at last birthday 25 (years)  13. Birthplace (city or place)	Division of Vital Statistics CERTIFICATE OF BIRTH  D. No. in Registration Book.  (Above numbers to be filled in only by local registrar or his deputy)  Ward)  urred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  The supplemental report as directed.  8. Date of birth (Month, day, year)  (PRINT)  MOTHER  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday 2 (years)
Township of Property Reg. District No.  Township of Property Reg. District No.  Village of (No. (If birth occ.)  2. FULL NAME OF CHILD (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other births 5. Number, in order of birth Full term  (PRINT) FATHER  9. Full name Property Pr	Division of Vital Statistics CERTIFICATE OF BIRTH  D. No. in Registration Book.  (Above numbers to be filled in only by local registrar or his deputy)  L. St.; Ward)  L. Ward)
Township of Pull Laco  Township of Pull Laco  Village of (No. (If birth occ  2. FULL NAME OF CHILD (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other births 5. Number, in order of birth Full term  (PRINT) FATHER  9. Full name (usual place of abode) (If nonresident, give place and State)  10. Residence (usual place of abode) (If nonresident, give place and State)  11. Color or race 12. Age at last birthday 2. 5 (years)  13. Birthplace (city or place) (State or country)  6   14. Trade, profession, or particular	Division of Vital Statistics CERTIFICATE OF BIRTH  D. No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  Ward)  Ward  Ward)  Ward  Ward)  Ward  Ward
Township of Property of Village of City of City of Core City of City of Core City of City of Core City of Cor	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book.  (Above numbers to be filled in only by local registrar or his deputy)  (Above numbers to be filled in only by local registrar or his deputy)  (Above numbers to be filled in only by local registrar or his deputy)  (Above numbers to be filled in only by local registrar or his deputy)  (Above numbers to be filled in only by local registrar or his deputy)  (But child is not yet named, make supplemental report as directed.  (Above numbers to be filled in only by local registrar or his deputy)  (But child is not yet named, make supplemental report as directed.  (But child is not yet named, make supplemental report as directed.  (Month, day, year)  (PRINT)  (PRINT)  (PRINT)  (PRINT)  (PRINT)  (PRINT)  (PRINT)  (Above numbers to be filled in only by local registrar or his deputy)  (Month, day, year)  (PRINT)  (PRINT)  (PRINT)  (PRINT)  (PRINT)  (PRINT)  (PRINT)  (Above numbers to be filled in only by local registrar or his deputy)  (Month, day, year)  (PRINT)  (PRINT)  (PRINT)  (PRINT)  (PRINT)  (PRINT)  (Above numbers to be filled in only by local registrar or his deputy)  (Month, day, year)  (PRINT)  (PRINT)  (PRINT)  (PRINT)  (PRINT)  (PRINT)  (PRINT)  (PRINT)  (PRINT)  (Above numbers to be filled in only by local registrar or his deputy)  (PRINT)  (P
Township of Pull Laco  Township of Pull Laco  Or Village of (No. (If birth occ  2. FULL NAME OF CHILD (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other births 5. Number, in order of birth Full term  (PRINT) FATHER  9. Full name (usual place of abode) (if nonresident, give place and State)  10. Residence (usual place of abode) (if nonresident, give place and State)  11. Color or race 12. Age at last birthday 2.5 (years)  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book.  (Above numbers to be filled in only by local registrar or his deputy)  (Above numbers to be filled in only by local registrar or his deputy)  (Above numbers to be filled in only by local registrar or his deputy)  (British Color or institution, give its NAME instead of street and number)  (British Color or as directed.  (Color or race
Township of Property of City o	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  No. in Registration Book (No. in Registration Book (It child is not yet named, make supplemental report as directed.  No. in Registration Book (Month, day, year)  No. in Registration Book (Month, day, year)  No. in Registration Book (Month, day, year)  No. if child is not yet named, make supplemental report as directed.  No. in Registration Book (Month, day, year)  No. if child is not yet named, make supplemental report as directed.  No. if child is not yet named, make supplemental report as directed.  No. if child is not yet named, make supplemental report as directed.  No. if child is not yet named, make supplemental report as directed.  No. if child is not yet named, make supplemental report as directed.  No. if child is not yet named, make supplemental report as directed.  No. if child is not yet named, make supplemental report as directed.  No. if child is not yet named, make supplemental report as directed.  No. if child is not yet named, make supplemental report as directed.  No. if child is not yet named, make supplemental report as directed.  No. if child is not yet named, make supplemental report as directed.  No. if child is not yet named, make supplemental report as directed.  No. if child is not yet named, make supplemental report as directed.  No. if child is not yet named, make supplemental report
Township of	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  No. in Registration Book (No. in Registration Book
Township of Politics of Politics of City of Child Ch	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy)  No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy)  No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy)  No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy)  No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy)  No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy)  No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy)  No. in Registration Book. (Above numbers)  No. in Registration Book. (Above numbers)  No. in Registration Book. (No. in Registra
Township of Portion of Village of Or City of	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  urred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  To Legitimate?  (PRINT)  MOTHER  (Month, day, year)  16. Full maiden name  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday (years)  20. Birthplace (city or place) (State or country)  21. Industry or business in which work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  33. (Born alive but now dead  (c) Stillborn  Before Labor (During Labor  PHYSICIAN OR MIDWIFE PARENT OR INFORMANT (Cross out words which do not apply)
Township of Townsh	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  Ward)  Ward)  Ward)  Ward)  Ward)  Ward)  Ward)  Ward)  Ward of street and number)  If child is not yet named, make supplemental report as directed.  Registration Book  (Month, day, year)  Ward)  Wa
Township of Townsh	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  urred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  To Legitimate?  (PRINT)  16. Full maiden name  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday (years)  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  3 (b) Born alive but now dead  (c) Stillborn  Before Labor (During Labor  PHYSICIAN OR MIDWIFE*  Was  (Born Alive or Born Dead)  PHYSICIAN, MIDWIFE PARENT OR INFORMANT (Cross out words wheth do not apply)  Address.

1. County of Mille Cach	
m 1. c / Jana o law	Division of Vital Statistics CERTIFICATE OF BIRTH
Township of Reg. District No	No. in Registration Book
Village of	Above numbers to be filled in only by local registrar or his deputy)
City of(No	, St.;
	If child is not yet named, make supplemental report as directed.
2.6   (	1 100.00 70
3. Sex If plural 4. Twin, triplet, or other 6. Premature 5. Number, in order of birth Full term	7. Legiti- mate 411 8. Date of 120 / 2 ,1938 (Month, day, year)
(PRINT) FATHER	(PRINT) MOTHER
9. Full A Muller	16. Full maiden Ruth & Chopman
10. Residence (usual place of abode) (If nonresident, give place and State)	17. Residence (usual place of abode)
(It nonresident, give piace and state)	(If nonresident, give place and State)
11. Color or race // 12. Age at last birthday 30 (years)	18. Color or race 19. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or country)	20. Birthplace (city or place) (State or country)
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.	21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.	21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
office, bank, etc. fame.	lawyer's office, factory, etc.
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living	(b) Born alive but now dead (c) Stillborn
24. If stillborn, months or weeks 25. Cause of stillbirth	Before Labor
	During Labor
26. Was 1% silver nitrate used to prevent infant blindness? Yes No	NG PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who	was Flore opin at 10 0 PM.
on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.	(Born Alive of Born Dead)
(Signature)	PHYSICIAN, MIDWIFE, PARKET OR INFORMANT
wife, then the father, householder, etc., must make this return.	(Cross out words which do not apply)  Address
Given name added from a supple-	ture) Leo Borchard
mental report , 19 Filed Dec	9 , 19 5 Address REGISTRAR
1 Countries Mull V ARCA	THE STATE OF MINNESOTA
Village of	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book Above numbers to be filled in only by local registrar or his deputy)  St.: Ward) arred in a hospital or institution, give its NAME instead of street and number)
Township of Reg. District No Village of No. (If birth occar)	Division of Vital Statistics CERTIFICATE OF BIRTH
Township of Reg. District No.  Village of City of City of CITY OF CHILD (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other 6. Premature	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book. Above numbers to be filled in only by local registrar or his deputy)  Tred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.
Township of Village of City of	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book Above numbers to be filled in only by local registrar or his deputy  St.: Ward)  urred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  To Legitimate 4. B. Date of birth 27 (Month, day, year)
Township of Village of City of City of CIT birth occur.  2. FULL NAME OF CHILD (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other births (PRINT) FATHER	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book. Above numbers to be filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  St.: Ward)  Ward in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  The state of birth (Month, day, year)  (PRINT) MOTHER  16. Full
Township of Village of City of City of CIT birth occur.  3. Sex If plural 4. Twin, triplet, or other births 5. Number, in order of birth Full term (PRINT) FATHER  9. Full name County Reg. District No. (If birth occur.)  Reg. District No. (If birth occur.)	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book. Above numbers to be filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of
Township of Village of City of	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book Above numbers to be filled in only by local registrar or his deputy  St.: Ward)  urred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  8. Date of birth (Month, day, year)  (PRINT)  MOTHER  16. Full maidgin  MOTHER
Township of Village of City of	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book. Above numbers to be filled in only by local registrar or his deputy)  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the street and number of the supplemental report as directed.  The state of the street and number o
Township of Village of City of	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book. Above numbers to be filled in only by local registrar or his deputy)  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the street and number of the supplemental report as directed.  The state of the street and number of the street and numb
Township of Village of City of	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book. Above numbers to be filled in only by local registrar or his deputy)  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the street and number of the supplemental report as directed.  The state of the street and number of the street and numb
Township of Village of City of	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book. Above numbers to be filled in only by local registrar or his deputy)  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the supplemental report as directed.  The state of the street and number of the street and number of the supplemental report as directed.  The state of the street and number of the street and numb
Township of Village of City of	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book. Above numbers to be filled in only by local registrar or his deputy)  The state of the street and number of the supplemental report as directed.  The state of the supplemental report as directed.  The suppl
Township of Village of City of	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book. Above numbers to be filled in only by local registrar or his deputy)  The state of the street and number of the supplemental report as directed.  The state of the supplemental report as directed.  The suppl
Township of Village of City of City of City of CIT birth occur.  3. Sex If plural 4. Twin, triplet, or other births 5. Number, in order of birth Full term (PRINT) FATHER  9. Full name 10. Residence (usual place of abode) (if nonresident, give place and State) (years)  11. Color or race 12. Age at last birthday (years)  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living the city of the country of this birth and including this child) (a) Born alive and now living the city of the city of the city of this birth and including this child) (a) Born alive and now living the city of the ci	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book. Above numbers to be filled in only by local registrar or his deputy)  The state of the filled in only by local registrar or his deputy)  The state of in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  The su
Township of Village of City of	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book. Above numbers to be filled in only by local registrar or his deputy)  The state of the street and number of the supplemental report as directed.  The state of the supplemental report as directed.  The suppl
Township of Village of City of	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book Above numbers to be filled in only by local registrar or his deputy)  The state of the street and number of the supplemental report as directed.  The supplemental report as directed.  The state of the supplemental report as directed.  The supplemental report a
Township of Village of City of	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book Above numbers to be filled in only by local registrar or his deputy)  The state of the street and number of the supplemental report as directed.
Village of City of Cit	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book Above numbers to be filled in only by local registrar or his deputy)  The state of the supplemental report as directed.  The supplemental report a
Village of City of Cit	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book. Above numbers to be filled in only by local registrar or his deputy)  St.: Ward)  Ward in a hospital or institution, give its NAME instead of street and number)  Fe
Village of City of Cit	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book Above numbers to be filled in only by local registrar or his deputy)  St.; Ward)  Ward and the filled in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  7. Legitimate St. in MOTHER  (Month, day, year)  MOTHER  16. Full maidgan name  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday 2 (years)  20. Birthplace (city or place) (State or country)  NOTHER  19. Age at last birthday 2 (years)  20. Birthplace (city or place) (State or country)  NOTHER  19. Age at last birthday 2 (years)  20. Birthplace (city or place) (State or country)  NOTHER  19. Age at last birthday 2 (years)  20. Birthplace (city or place) (State or country)  NOTHER  19. Age at last birthday 2 (years)  20. Birthplace (city or place) (State or country)  NOTHER  19. Age at last birthday 2 (years)  20. Birthplace (city or place) (State or country)  NOTHER  19. Age at last birthday 2 (years)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  3 (b) Born alive but now dead (c) Stillborn  Before Labor During Labor  ON ON ON HIDWIFE*  Was.  PHYSICIAN, MIDWIFE, PARENTH OR INFORMANT (Cross out words which do not apply)  Address

1. County of Hill Joes	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH
Township of Reg. District No Village of (	No. in Registration Book  Above numbers to be filled in only by local registrar or his deputy)
Or City of No	, St.;
2. FULL NAME OF CHILD (Please PRINT names in capitals)	If child is not yet named, make supplemental report as directed.
3. Sex If plural 4. Twin, triplet, or other 6. Prematurbirths 5. Number, in order of birth Full term	40 birth, 10
9. Full Neile J. Habrdean	16. Full maiden Kon of Anome Munes
10. Residence (usual place of abode) (If nonresident, give place and State)	17. Residence (usual place of abode) (If nonresident, give place and State)
11. Color or race 12. Age at last birthday (years)  13. Birthplace (city or place)	18. Color or race 19. Age at last birthday (years)  20. Birthplace (city or place) (State or country)
(State or country)    14. Trade, profession, or particular kind of work done, as farmer,	
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.	21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living	g (b) Born alive but now dead (c) Stillborn
24. If stillborn, period of gestation { months or weeks   25. Cause of stillbirth	Before Labor During Labor
26. Was 1% silver nitrate used to prevent infant blindness? Yes No	
I hereby certify that I attended the birth of this child, who on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.	Was Born Alive of Born Dead)
(*When there was no attending physician or mid-)	PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
wife, then the father, householder, etc., must make this return.  Date	(Cross out words which do not apply)  Address
Given name added from a supple-	iture) REGISTRAR
mental report, 19	
1. County of Mylle Fack	THE STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF BIRTH
Township of Reg. District No.	
City of(No	urred in a hospital or institution, give its NAME instead of street and number]    Variable   Varia
3. Sex If plural 4. Twin, triplet, or other 6. Prematu births 5. Number, in order of birth Full term	birth 19 19 19
9. Full Puber Meyers	16. Full maiden hale las dameen
10. Residence (usual place of abode) (If nonresident, give place and State)	17. Residence (usual place of abode) (If nonresident, give place and State)
11. Color or race 12. Age at last birthday (years)  13. Birthplace (city or place)	18. Color or race 19. Age at last birthd (years)  20. Birthplace (city or place)
(State or country)  14. Trade, profession, or particular kind of work done, as farmer,	(State or country)  Z   21. Trade, profession, or particular kind of work done, as housekeeper,
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.	21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now livin	(c) Stillborn
24. If stillborn, period of gestation { months or weeks   25. Cause of stillbirth	Before Labor During Labor
26. Was 1% silver nitrate used to prevent infant blindness? Yes N	0
I hereby certify that I attended the birth of this child, who on the date above stated, and that the above facts as given	NG PHYSICIAN OR MIDWIFE*
are true to the best of my knowledge, information and belief.  (Signature)  (wife, then the father, householder, etc., must make)	(Born Alive or Born Dead)
(this return.	PHYSICIAN MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)
Given name added from a supple-	MA Aug A Menun

PLACE OF BIRTH	THE STATE OF MINNESOTA
an Metical	Division of Vital Statistics
1. County of	CERTIFICATE OF BIRTH
Township of June or	Reg. District No. No. in Registration Book
Village of	(Above numbers to be filled in only by local registrar or his deputy)
City of JUAN LILE	(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME OF CHILD (Please PRINT names in orpital	K RAUSE Supplemental report as directed.
3. Sex  If plural 4. Twin, triplet, or other births  5. Number, in order of birth	6. Premature 7. Legitibirth May, year)  The Full term was mate?
(PRINT) FATHER	(PRINT) MOTHER
9. Full and R. K	rause 16. Full maiden Ryais . J. Nopusche.
10. Residence (usual place of abode) (If nonresident, give place and State)	217. Residence (usual place of abode) Ruletou Mun (If nonresident, give place and State) Ruletou Mun
11. Color or race White 12. Age at last birt	
13. Birthplace (city or place) (State or country)	20. Birthplace (city or place) Survay
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.	21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
23. Number of children of this mother (At time of this birth and including this child) (a) Bo	<i>b'</i>
24. If stillborn, f months	Before Labor
period of gestation (or weeks 25. Ca	Cause of stillbirth During Labor
26. Was 1% silver nitrate used to prevent infant bline	
I hereby certify that I attended the birth on the date above stated, and that the above are true to the best of my knowledge, inform	e facts as given (Born Alive or Born Dead)
*When there was no attending physician or mid- wife, then the father, householder, etc., must make }	(Signature) PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)
(this return. )  Given name added from a supple-	Date May . 13:39 Address Frenetter Mun
	(Signature) REGISTRAR
mental report, 19	Filed 9 Address 7 Address 7
PLACE OF BIRTH  1. County of Male Lacs	THE STATE OF MINNESOTA  Division of Vital Statistics
Township of Princeton	CERTIFICATE OF BIRTH
Village of	Reg. District No. No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)
City of	(No, St.; Ward)
2. FULL NAME OF CHILD (Please PRINT names in capital	(If birth occurred in a hospital or institution, give its NAME instead of street and number)  S
3. Sex  If plural 4. Twin, triplet, or other	birth birth 19 19
(PRINT) (5. Number, in order of birth FATHER	(PRINT) MOTHER
9. Full Edward, Q.C3	ikall 16. Full maiden Hazel Ethel Diesen
10. Residence (usual place of abode) (if nonresident, give place and State)	2 Ciding 17. Residence (usual place of abode) (If nonresident, give place and State) long Siding
11. Color or race White 12. Age at last birth	0.
13. Birthplace (city or place) (State or country)    14. Trade, profession, or particular	20. Birthplace (city or place) Membel and Membel 21. Trade, profession, or particular kind
kind of work done, as farmer, bookkeeper, etc.	of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as factory, office, bank, etc.	22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
23. Number of children of this mother (At time of this birth and including this child) (a) Bo	orn alive and now living (b) Born alive but now dead (c) Stillborn
24. If stillborn, months or weeks 25. Ca	ause of stillbirth  Before Labor  During Labor
26. Was 1% silver mitrate used to prevent infant blind	dness? (Yes)
I hereby certify that I attended the birth on the date above stated, and that the above are true to the best of my knowledge, inform	e facts as given (Born Aliye or Born Dead)
*When there was no attending physician or mid- wife, then the father, householder, etc., must make this return.	(Signature)  PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)  Address.
wife, then the father, householder, etc., must make	Date (Signature)  PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)  Address  (Signature)  REGISTRAR

PLACE OF BJRTH	THE STATE OF MINNESOTA
1. County of Mille Lack	Division of Vital Statistics CERTIFICATE OF BIRTH
Township of Mincelon Reg. District No.	1.00
Village of (A	above numbers to be filled in only by local registrar or his deputy)
City of (No(If birth occur	red in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME OF CHILD	If child is not yet named, make supplemental report as directed.
(Please PRINT names in capitals)	
3. Sex If plural 4. Twin, triplet, or other 6. Premature	birth, 19/
(5. Number, in order of birth Full term (PRINT) FATHER	(Month, day, year) (PRINT)  MOTHER
9. Full A/2 1.1 2 1.24 A/2	16. Full maiden P. And Mad Ha
name lense once anson	name (College College)
10. Residence (usual place of abode) (If nouresident, give place and State)	17. Residence (usual place of abode) (If nonresident, give place and State)
11. Color or race W 12. Age at last birthday 47 (years)	18. Color or race W. 19. Age at last birthday 37 (years)
13. Birthplace (city or place)	20. Birthplace (city or place)
(State or country)  Z 14. Trade, profession, or particular kind of work done, as farmer,	(State or country)
kind of work done, as farmer, bookkeeper, etc.	of work done, as housekeeper, typist, nurse, clerk, etc.
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.	21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living	(b) Born alive but now dead (c) Stillborn (
24. If stillborn, for weeks 25. Cause of stillbirth	Before Labor
	(During Labor
26. Was 1% silver nitrate used to prevent infant blindness? Yes No  CERTIFICATE OF ATTENDIN	
I hereby certify that I attended the birth of this child, who	was Born alive at 12 - A M.,
on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.	(Born Alive or Born Dead)
(Signature)	laund Grasee: 11 1
wife, then the father, householder, etc., must make this return.	PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)  Address.
Given name added from a supple-	Man Bar Vacal
mental report , 19 Filed AMA	4 .1939 Address Runchen REGISTRAR
mental report , 17	minn
City of (No. (If birth occur)  2. FULL NAME Elizabeth Jane	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH  No. in Registration Book  Above numbers to be filled in only by local registrar or his deputy)  Tred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.
3. Sex If plural 4. Twin, triplet, or other 6. Prematur	e 7. Legiti- 8. Date of Callon - 9 20
births (5. Number, in order of birth - Full term	mate? birth (Month, day, year)
(PRINT) FATHER	(PRINT) MOTHER  16. Full
9. Full Harvey Eynest Trouse	maiden Violet Jehoich
10. Residence (usual place of abode) (If nonresident, give place and State)	17. Residence (usual place of abode) (If nonresident, give place and State)
24	511
11. Color or race 12. Age at last birthday 7 (years)	18. Color or race 19. Age at last birthday / O (years)
13. Birthplace (city or place) Control (State or country)	20. Birthplace (city or place) (State or country)
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.	21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
15. Industry or business in which work was done, as factory,	22. Industry or business in which work was done, as own home,
office, bank, etc.	
(At time of this birth and including this child) (a) Born alive and now living  24. If stillborn, {months}	(b) Born alive but now dead (c) Stillborn (D)  Before Labor
period of gestation   or weeks   25. Cause of stillbirth	(During Labor
26. Was 1% silver nitrate used to prevent infant blindness? Yes No CERTIFICATE OF ATTENDIN	1.5
I hereby certify that I attended the birth of this child, who on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.	a 201111
*When there was no attending physician or mid- wife, then the father, householder, etc., must make	PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)
Given name added from a supple-	A Dist Address Alance Alana Allan
TENIE AT	Address Automation Address Add
mental report , 19 Filed Suff	Mars Basaland

PLACE OF BIRTH	THE STATE OF MINNESOTA
1. County of Allerals	Division of Vital Statistics  CERTIFICATE OF BIRTH
Township of Prusulla	Reg. District No. No. in Registration Book
Village of	(Above numbers to be filled in only by local registrar or his deputy)  (No
2. FULL NAME Jeyome OF CHILD Jeyome (Please PRINT names in capitals	(If birth occurred in a hospital or institution, give its NAME instead of street and number)  Freeland Bockoven Supplemental report as directed.
3. Sex If plural 4. Twin, triplet, or other 5. Number, in order of birth FATHER	6. Premature 7. Legitibirth (Month, day, year) 19 39  Full term Yes mate? MOTHER
9. Full name Eyvin Remeth  10. Residence (usual place of abode) 8-3. Fund (If nonresident, give place and State)	Bockvey  16. Full maiden E) vernous Sephine Kienitz  17. Residence (usual place of abods) 3 Physicatory (If nonresident, give place and State)
11. Color or race 12. Age at last birth	hday 3 4 (years) 18. Color or race 19. Age at last birthday 2 (years)
13. Birthplace (city or place) (State or country)	20. Birthplace (city or place) (State or country)
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.	21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
	lawyer's office, factory, etc.
23. Number of children of this mother (At time of this birth and including this child) (a) Bo	
24. If stillborn, months or weeks 25. Ca	Before Labor During Labor
26. Was 1% silver nitrate used to prevent infant blind	Iness? Yes No U
I hereby certify that I attended the birth on the date above stated, and that the above	facts as given (Born Aliye or Born Dead)
*When there was no attending physician or mid- wife, then the father, householder, etc., must make this return.	(Signature) PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)
Given name added from a supple-	Date (Signature) Seo Rouchard
mental report, 19	Filed Sept. 3. , 1939 Address Princels REGISTRAR
	mun
PLACE OF BIRTH  1. County of Pull fact  Township of Village of City of  2. FILL NAME	THE STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF BIRTH  Reg. District No
1. County of Mille Cach Township of Turvella Cach Village of City of  2. FULL NAME OF CHILD (Please PRINT names in capitals)	Division of Vital Statistics  CERTIFICATE OF BIRTH  Reg. District No.  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  (No.  (If birth occurred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.
1. County of Mille Cach Township of Turvello Village of City of  2. FULL NAME OF CHILD  EVENY  OF CHILD	Division of Vital Statistics CERTIFICATE OF BIRTH  Reg. District No. No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  (No. St.: Ward) (If birth occurred in a hospital or institution, give its NAME instead of street and number)  [If child is not yet named, make supplemental report as directed.]  [St.: Ward) [If child is not yet named, make supplemental report as directed.]  [St.: Ward) [If child is not yet named, make supplemental report as directed.]
1. County of Marie Land County of Village of City of  2. FULL NAME OF CHILD (Please PRINT names in capitals  3. Sex If plural 4. Twin, triplet, or other births (PRINT)  FATHER	Division of Vital Statistics CERTIFICATE OF BIRTH  Reg. District No. No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy)  (No. (Above numbers to be filled in only by local registrar or his deputy)  (No. (Above numbers to be filled in only by local registrar or his deputy)  (No. (Above numbers to be filled in only by local registrar or his deputy)  (No. (Above numbers to be filled in only by local registrar or his deputy)  (No. (Above numbers to be filled in only by local registrar or his deputy)  (No. (Above numbers to be filled in only by local registrar or his deputy)  (No. (Above numbers to be filled in only by local registrar or his deputy)  (No. (Above numbers to be filled in only by local registrar or his deputy)  (No. (Above numbers to be filled in only by local registrar or his deputy)  (No. (Above numbers to be filled in only by local registrar or his deputy)  (No. (Above numbers to be filled in only by local registrar or his deputy)  (No. (Above numbers to be filled in only by local registrar or his deputy)  (No. (Above numbers to be filled in only by local registrar or his deputy)  (No. (Above numbers to be filled in only by local registrar or his deputy)  (No. (Above numbers to be filled in only by local registrar or his deputy)  (No. (Above numbers to be filled in only by local registrar or his deputy)  (No. (Above numbers to be filled in only by local registrar or his deputy)  (No. (Above numbers to be filled in only by local registrar or his deputy)  (No. (Above numbers to be filled in only by local registrar or his deputy)  (No. (Above numbers to be filled in only by local registrar or his deputy)  (No. (Above numbers to be filled in only by local registrar or his deputy)  (No. (Above numbers to be filled in only by local registrar or his deputy)  (No. (Above numbers to be filled in only by local registrar or his deputy)  (No. (Above numbers to be filled in only by local registrar or his deputy)  (No. (Above numbers to be filled in only by local regist
1. County of Marie Land County of Village of City of  2. FULL NAME Cof CHILD (Please PRINT names in capitals  3. Sex If plural 4. Twin, triplet, or other births (PRINT)  FATHER  9. Full name EN A DEPMES	Division of Vital Statistics CERTIFICATE OF BIRTH  Reg. District No. No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy)  (No. St.: Ward) (If birth occurred in a hospital or institution, give its NAME instead of street and number)  FINAL DOSE Supplemental report as directed.  6. Premature No. 7. Legitimate?  6. Premature No. 7. Legitimate?  MOTHER  16. Full maiden name  MOTHER
1. County of Marie Land County of Village of City of City of Correct C	Division of Vital Statistics CERTIFICATE OF BIRTH  Reg. District No. No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  (No. St.: Ward) (If birth occurred in a hospital or institution, give its NAME instead of street and number)  FINAL D. St.: Ward)  (If birth occurred in a hospital or institution, give its NAME instead of street and number)  FINAL D. St.: Ward)  (If birth occurred in a hospital or institution, give its NAME instead of street and number)  FINAL D. St.: Ward)  (If birth occurred in a hospital or institution, give its NAME instead of street and number)  FINAL D. St.: Ward)  (If birth occurred in a hospital or institution, give its NAME instead of street and number)  FINAL D. St.: Ward)  (If birth occurred in a hospital or institution, give its NAME instead of street and number)  FINAL D. St.: Ward)  (If birth occurred in a hospital or institution, give its NAME instead of street and number)  FINAL D. St.: Ward)  (If birth occurred in a hospital or institution, give its NAME instead of street and number)  FINAL D. St.: Ward)  (If birth occurred in a hospital or institution, give its NAME instead of street and number)  FINAL D. St.: Ward)  (If birth occurred in a hospital or institution, give its NAME instead of street and number)  FINAL D. St.: Ward)  (If birth occurred in a hospital or institution, give its NAME instead of street and number)  FINAL D. St.: Ward)  (If birth occurred in a hospital or institution, give its NAME instead of street and number)  FINAL D. St.: Ward)  (If birth occurred in a hospital or institution, give its NAME instead of street and number)  FINAL D. St.: Ward)  (If birth occurred in a hospital or institution, give its NAME instead of street and number)  FINAL D. St.: Ward)
1. County of Marie Land County of Marie Land County of Village of City of City of Please PRINT names in capitals  3. Sex If plural 4. Twin, triplet, or other births  (PRINT) FATHER  9. Full name Land A Land County of British County of Service Land Coun	Division of Vital Statistics CERTIFICATE OF BIRTH  Reg. District No.  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  (No.  (If birth occurred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  6. Premature No. 7. Legitimate?  Full term was mate?  (PRINT)  MOTHER  16. Full maiden name  17. Residence (usual place of abode) (If nonresident, give place and State)
1. County of March 1 County of March 2 County of Village of City of 2. FULL NAME OF CHILD (Please PRINT names in capitals of the births of the births of the county of the	Division of Vital Statistics CERTIFICATE OF BIRTH  Reg. District No.  (Above numbers to be filled in only by local registrar or his deputy)  (No.  (If birth occurred in a hospital or institution, give its NAME instead of street and number)  FWALD  (If birth occurred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  (Brull term when mate?  (PRINT)  MOTHER  16. Full maiden name  17. Residence (usual place of abode)  (If nonresident, give place and State)  18. Color or race whele 19. Age at last birthday 25 (years)  19. Age at last birthday 25 (years)
Township of Village of City of Please PRINT names in capitals  3. Sex If plural 4. Twin, triplet, or other births  5. Number, in order of birth PATHER  9. Full name FATHER  9. Full name FATHER  10. Residence (usual place of abode) (If nonresident, give place and State) Public (State or country)  11. Color or race Particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory,	Division of Vital Statistics CERTIFICATE OF BIRTH  Reg. District No.  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  (No.  St.:  Ward)  (If birth occurred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  8. Date of birth (Month, day, year)  Pull term was mate?  (PRINT)  MOTHER  16. Full maiden name  17. Residence (usual place of abode) (If nonresident, give place and State)  17. Residence (usual place of abode) (State or country)  18. Color or race while 19. Age at last birthday 3 (years)  19. Age at last birthday 3 (years)  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home,
Township of Village of City of	Division of Vital Statistics CERTIFICATE OF BIRTH  Reg. District No
Township of Village of City of	Division of Vital Statistics CERTIFICATE OF BIRTH  Reg. District No
Township of Village of City of Please PRINT names in capitals  3. Sex If plural 4. Twin, triplet, or other births  5. Number, in order of birth famme FATHER  9. Full name FATHER  9. Full name FATHER  10. Residence (usual place of abode) (If nonresident, give place and State) (State or country)  11. Color or race 12. Age at last birth family fa	Division of Vital Statistics CERTIFICATE OF BIRTH  Reg. District No.  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  (No.  (If birth occurred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  8. Date of birth.  (Month, day, year)  16. Premature No.  17. Legitimate?  MOTHER  18. Color or race while place and State)  19. Age at last birthday 3 (years)  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, yet yet in the work was done, as own home, lawyer's office, factory, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  (b) Born alive but now dead  (c) Stillborn  Before Labor  During Labor
Township of Village of City of Please PRINT names in capitals  3. Sex If plural 4. Twin, triplet, or other births  5. Number, in order of birth PATHER  9. Full name FOW A FOW PLANT STATE  10. Residence (usual place of abode) (If nonresident, give place and State) Proceedings of the place of abode) (State or country)  11. Color or race Print Print State or country P	Division of Vital Statistics CERTIFICATE OF BIRTH  Reg. District No
Township of Village of City of 2. FULL NAME OF CHILD (Please PRINT names in capitals 3. Sex If plural 4. Twin, triplet, or other births 5. Number, in order of birth (PRINT) FATHER  9. Full name For A For Service (If nonresident, give place and State) (If nonresident, give place and State) (State or country) 12. Age at last birth 13. Birthplace (city or place) (State or country) 14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Bookeeper, etc.  24. If stillborn, period of gestation (months or weeks 25. Ca 26. Was 1% silver nitrate used to prevent infant blind CERTIFICA I hereby certify that I attended the birth on the date above stated, and that the above are true to the best of my knowledge, inform wife, then the father, householder, etc., must make this return.	Division of Vital Statistics CERTIFICATE OF BIRTH  Reg. District No.  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  (No.  (II birth occurred in a hospital or institution, give its NAME instead of street and number)  (II child is not yet named, make supplemental report as directed.  6. Premature No. 7. Legitimate?  6. Premature No. 7. Legitimate?  7. Legitimate?  8. Date of birth.  (Month, day, year)  16. Full term which made is place of abode (If nonresident, give place and State)  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race which is placed and state is presented at the property of the place of work done, as housekeeper, yet; state or country)  20. Birthplace (city or place)  (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, yet; typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  11. Trade, profession, or particular kind of work done, as housekeeper, yet; typist, nurse, clerk, etc.  12. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  13. Trade, profession, or particular kind of work done, as housekeeper, yet; typist, nurse, clerk, etc.  14. During Labor  15. Golor or race which work done as done and the profession of particular kind of work done, as housekeeper, yet; typist, nurse, clerk, etc.  16. During Labor  17. Residence (usual place of abode)  18. Golor or race which work done and the profession of particular kind of work done, as housekeeper, yet; typist, nurse, clerk, etc.  18. Color or race which work done and the profession of particular kind of work done, as housekeeper, yet; typist, nurse, clerk, etc.  19. Age at last birthday do (years)  10. Color or race which work done and the profession of particular kind of work done, as housekeeper, yet; typist, nurse, clerk, etc.  19. Age at last birthday do (years)  10. Color or race which was done and the
Township of Village of Or City of Please PRINT names in capitals  3. Sex If plural 4. Twin, triplet, or other Dirths 5. Number, in order of birth (PRINT) FATHER  9. Full name FOW A FOW PLEASE 10. Residence (usual place of abode) (If nonresident, give place and State) Plural (State or country) 12. Age at last birth 13. Birthplace (city or place) (State or country) 14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. 15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Bo 24. If stillborn, period of gestation { months or weeks 25. Ca 26. Was 1% silver nitrate used to prevent infant blind CERTIFICA' I hereby certify that I attended the birth on the date above stated, and that the above are true to the best of my knowledge, inform wife, then the father, householder, etc., must make }	Division of Vital Statistics CERTIFICATE OF BIRTH  Reg. District No.  (Above numbers to be filled in only by local registrar or his deputy)  (No.  (It birth occurred in a hospital or institution, give its NAME instead of street and number)  (It birth occurred in a hospital or institution, give its NAME instead of street and number)  (It birth occurred in a hospital or institution, give its NAME instead of street and number)  (It birth occurred in a hospital or institution, give its NAME instead of street and number)  (It birth occurred in a hospital or institution, give its NAME instead of street and number)  (It birth occurred in a hospital or institution, give its NAME instead of street and number)  (It birth occurred in a hospital or institution, give its NAME instead of street and number)  (It birth occurred in a hospital or institution, give its NAME instead of street and number)  (It birth occurred in a hospital or institution, give its NAME instead of street and number)  (It birth occurred in a hospital or institution, give its NAME instead of street and number)  (It birth occurred in a hospital or institution, give its NAME instead of street and number)  (It birth occurred in a hospital or institution, give its NAME instead of street and number)  (It birth occurred in a hospital or institution, give its NAME instead of street and number)  (It birth occurred in a hospital or institution and hospital or institution and belief.  (Signature)  (It birth occurred in a hospital or institution, give its NAME instead of street and number)  (It birth occurred in a hospital or institution, give its NAME instead of street and number)  (It birth occurred in a hospital or institution, give its NAME instead of street and number institution, give its NAME instead of street and number)  (It birth occurred in a hospital or institution, give its NAME instead of street and number)  (It birth occurred in a hospital or institution institution institution institution institution institution institution institution institution

PLACE OF BIRTH	THE STATE OF MINNESOTA
1. County of Millians	Division of Vital Statistics CERTIFICATE OF BIRTH
Township of Punculon Reg. District No.	No. in Registration Book
Village of	eve numbers to be filled in only by local registrar or his deputy)
	in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME OF CHILD (Please PRINT names in opitals)	) A Le S II child is not yet named, make supplemental report as directed.
3. Sex If plural 4. Twin, triplet, or other 6. Premature	7. Legiti- 4. 0 8. Date of 3 ent. 30 .19 39
(5. Number, in order of birth Full term	(Mohth, day, year) (PRINT)  MOTHER
	6. Full Maiden MA : a a said Reference
name Deviti Odies	name MINERVA RECEISON
10. Residence (usual place of abode) (If nonresident, give place and State)	7. Residence (usual place of abode) (If nonresident, give place and State)
11. Color or race What Late 12. Age at last birthday 4/ (years) 1	8. Color or race ( ALL 19. Age at last birthday & 5 (years)
Consister on	0. Birthplace (city or place)
(State or country) Mille Lacs	(State or country)
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.	of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as factory,	work was done as own home.
The state of the s	lawyer's office, factory, etc.
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living	(b) Born alive but now dead (c) Stillborn
24. If stillborn, period of gestation (months or weeks 25. Cause of stillbirth	Before Labor
2 m 2 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m	(During Labor
26. Was 1% silver nitrate used to prevent infant blindness? (Yes) No  CERTIFICATE OF ATTENDING	PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who wa	18 Boundlive at 8.00 am.,
on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.	(Born Alive or Born Dead)
(*When there was no attending physician or mid-)	PHYSICIAN, MIDWIFE, PARENT, OR INFORMANT
wife, then the father, householder, etc., must make this return.	(Cross out words which do not apply)  Address
Given name added from a supple-	DI B I I
mental report , 19 Filed Q e + +	- 1939 Address Prival REGISTRAR
and the second s	
City of  2. FULL NAME OF CHILD (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other births (PRINT)  FATHER	yee numbers to be filled in only by local registrar or his deputy)  St.; Ward)  d in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.  7. Legiti-  8. Date of   birth  19 3 9
11. Color or race White place and State) Number of State or country)  (If nonresident, give place and State) Number of State or country)  (If nonresident, give place and State) Number of State or country of State or country or coun	MOTHER  6. Full maiden name  7. Residence (usual place of abode) (If nonresident, give place and State)  8. Color or race white 19. Age at last birthday 3 (years)  9. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home.
11. Color or race 12. Age at last birthday 35 (years)  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.	6. Full maiden name a 173 Hamilton  7. Residence (usual place of abode) (If nonresident, give place and State) Princetton Mi  8. Color or race while 19. Age at last birthday 30 (years)  9. Birthplace (city or place) Show where Co (State or country)
(If nonresident, give place and State)  11. Color or race 12. Age at last birthday 35 (years)  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living  24. If stillborn, \( \) \(	6. Full maiden name  7. Residence (usual place of abode) (If nonresident, give place and State)  8. Color or race 19. 19. Age at last birthday 3 (years)  9. Birthplace (city or place) Should be country  (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
(If nonresident, give place and State)  11. Color or race 12. Age at last birthday 35 (years)  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living	6. Full maiden name  7. Residence (usual place of abode) (If nonresident, give place and State) Prince Law Mi  8. Color or race while 19. Age at last birthday 30 (years)  9. Birthplace (city or place) Swarp Color (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  5 (b) Born alive but now dead 0 (c) Stillborn 0
(If nonresident, give place and State)  11. Color or race 12. Age at last birthday 35 (years)  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living  24. If stillborn, period of gestation { months or weeks   25. Cause of stillbirth   25. Cause of stillbirth   26. Cause of stillbirth	6. Full maiden name  7. Residence (usual place of abode) (If nonresident, give place and State) Proceeding Miles (If nonresident, give place and State) (If nonresident, give
(If nonresident, give place and State)  11. Color or race 12. Age at last birthday 35 (years)  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living  24. If stillborn, period of gestation { months or weeks 25. Cause of stillbirth }  26. Was 1% silver nitrate used to prevent infant blindness? Yes No	6. Full maiden name  7. Residence (usual place of abode) (If nonresident, give place and State) Prince Law Miles (If nonresident, give place a
(If nonresident, give place and State)  11. Color or race 12. Age at last birthday 35 (years)  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living  24. If stillborn, period of gestation { months or weeks   25. Cause of stillbirth    26. Was 1% silver nitrate used to prevent infant blindness? Yes No    CERTIFICATE OF ATTENDING    I hereby certify that I attended the birth of this child, who was on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief. (Signature)    *When there was no attending physician or midwife, then the father, householder, etc., must make this return.	6. Full maiden name  7. Residence (usual place of abode) (If nonresident, give place and State)  8. Color or race 19. 19. Age at last birthday (years)  8. Color or race 19. 19. Age at last birthday (years)  9. Birthplace (city or place) (State or country)  12. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  12. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  13. (b) Born alive but now dead (c) Stillborn (b) Before Labor (During Labor)  14. (Born Alive or Born Dead)  15. (Born Alive or Born Dead)  16. PHYSICIAN, MIDWIFE*  17. (Cross out words whithed on ot apply)
(If nonresident, give place and State)  11. Color or race 12. Age at last birthday 25 (years)  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living  24. If stillborn, period of gestation { months or weeks   25. Cause of stillbirth    26. Was 1% silver nitrate used to prevent infant blindness? Yes No  CERTIFICATE OF ATTENDING  I hereby certify that I attended the birth of this child, who was on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.  (Signature) (Signature)	6. Full maiden name  7. Residence (usual place of abode) (If nonresident, give place and State) Private Maiden (If nonresident, give place and State) Privat

	á	á	ž	3	į
9	el e	ļ	1		
d	i	i	i		
i	i	ĕ	ì		
U	ال	Ę	1		
H T	H	5	i		
ä	ř	ě	Š		

PLACE OF BIRTH  1. County of Prince Lon  Village of City of (No. (If birth occurred in a hospital or institution, give its NAME instead of street and number)  2. FULL NAME OF CHILD A LOND PLACE OF CHILD (Please PRINT names in capitals)  THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH  No. in Registration Book  (Above numbers to be filled in only by local registrar or his deputy)  (No. (If birth occurred in a hospital or institution, give its NAME instead of street and number)  VIII child is not yet named, make supplemental report as directed.	PLACE OF BIRTH  1. County of Division of Vital Statistics CERTIFICATE OF BIRTH  Township of Vital Statistics CERTIFICATE OF BIRTH  Reg. District No. No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  OF City of (No. (If birth occurred in a hospital or institution, give its NAME instead of street and number)  2. FULL NAME OF CHILD (Please PRINT names in capitals)  THE STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF BIRTH  Reg. District No. No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  (If birth occurred in a hospital or institution, give its NAME instead of street and number)  VIII child is not yet named, make supplemental report as directed.
3. Sex   If plural \( \) 4. Twin, triplet, or other \( \) 6. Premature   7. Legitimate \( \) 5. Number, in order of birth   Full term   7. Legitimate \( \) 5. Number, in order of birth   Full term   7. Legitimate \( \) 6. Premature   7. Legitimate \( \) 6. Prem	3. Sex   If plural 4. Twin, triplet, or other
PLACE OF BIRTH  THE STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF BIRTH  Township of Village of No. in Registration Book Village of No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  Or (No. (If birth occurred in a hospital or institution, give its NAME instead of street and number)  2. FULL NAME SHIPLEY OF CHILD (Please PRINT names in capitals)  3. Sex () If plural 4. Twin, triplet, or other 6. Premature D. 7. Legiti- 8. Date of (P. 4-16) - 3.9	PLACE OF BIRTH  1. County of Division of Vital Statistics  CERTIFICATE OF BIRTH  Township of Village of City of City of CHILD Ade 16 PT CHILD (If birth occurred in a hospital or institution, give its NAME instead of street and number)  (No. (If birth occurred in a hospital or institution, give its NAME instead of street and number)  (If child is not yet named, make supplemental report as directed.)  3. Sex If plural 4. Twin, triplet, or other 6. Premature 7. Legiti- 8. Date of Name of the county of th
(PRINT)  (In manifect (guual place of abode)  (If nonresident, give place and State)  (If nonresident, give place and State)  (If nonresident, give place and State)  (State or country)  (State or cou	Dirths   S. Number, in order of birth   Full term   mate?   Dirth   (Month, day, year)
Given name added from a supplemental report 19 Filed (Signature) Season Supplemental report 19 Filed (Signature) 19 Address Company 19 Filed (Signature) 19 Address Company 19 Filed (Signature) 19 Address Company 19 Address	mental report , 19 Filed 22 . 4 , 19 39 Address Purchard .

		ю	
		901	
		XM	
		186	
		iii	
į	ij	ij	
į	į	ij	
į		ij	9
į		j	Personal St
	W)	ij	(Absorbed 20)
			SAMPLE STATES
	W)		(september 132)
	W IN IN	1 4 4	SEASON CONTRACTOR

PLACE OF RIRTH  1. County of Mile Statistics  Township of Statistics  Village of Statistics  City of Statistics  (No. No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  (No. St.; Ward)  (If birth occurred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.	PLACE OF BIRTH  1. County of Division of Vital Statistics  CERTIFICATE OF BIRTH  Township of No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  City of (No. St.; Ward)  2. FULL NAME OF CHILD (Please PRINT names in capitals)
3. Sex If plural 4. Twin, triplet, or other birth   6. Premature   7. Legiti- mate?   8. Date of lirth   Month, day, year)   19. Number, in order of birth   Full term   7. Legiti- mate?   19. Number, in order of birth   Month, day, year)   19. Nothing the place of abode   19. Residence (usual place of abode)   19. Residence (usual place of abode)   19. Age at last birthday   19. Age at last birth	3. Sex If plural 4. Twin, triplet, or other birth
I hereby certify that I attended the birth of this child, who was on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.  *When there was no attending physician or mid-wife, then the father, householder, etc., must make this return.  Given name added from a supplemental report.  The filed of the birth of this child, who was the date of the property of the property of the date of the property of the property of the property of the date of the property of the date of the property of the date of the property of the property of the date of the property of the date of the property of the prope	I hereby certify that I attended the birth of this child, who was on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.  (*When there was no attending physician or mid-wife, then the father, householder, etc., must make this return.  (*Signature)  PHYSICIAN, MIDWIFE, PARENT OR INKORMANT (Cross out words which do not apply)  Date Address  (*Signature)  REGISTRAR  REGISTRAR
PLACE OF BIRTH  1. County Office Control of Vital Statistics  CERTIFICATE OF BIRTH  Township of Control of Con	PLACE OF BIRTH  1. County of Division of Vital Statistics CERTIFICATE OF BIRTH  Township of Vital Statistics CERTIFICATE OF BIRTH  Reg. District No. No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  or (Above numbers to be filled in only by local registrar or his deputy)  OF CHILD (If birth occurred in a hospital or institution, give its NAME instead of street and number)  OF CHILD (Please PRINT names in capitals)  Supplemental report as directed,
3. Sey If plural 4. Twin, triplet, or other 6. Premature 7. Legiti- births 5. Number, in order of birth Full term 6. Premature 7. Legiti- births 6. Number, in order of birth Full term 7. Legiti- mate: 4. Twin, triplet, or other 6. Premature 7. Legiti- births 6. Number, in order of birth Full term 7. Legiti- mate: 4. Dirth full mate: 4. Dirth full maiden name 6. Premature 7. Legiti- mate: 4. Dirth full mate: 4. Dirth full maiden name 6. Premature 7. Legiti- mate: 4. Dirth full mate: 4. Dirth full maiden name 6. Premature 7. Legiti- mate: 4. Dirth full mate: 4. Dirth full maiden name 6. Premature 7. Legiti- mate: 4. Dirth full mate: 4. Dirth full maiden name 6. Premature 7. Legiti- mate: 4. Dirth full full mate: 4. Dirth full maiden name 6. Premature 7. Legiti- mate: 4. Dirth full full mate: 4. Dirth full full maiden name 6. Premature 7. Legiti- full full full full full full full ful	3. Sex If plural 4. Twin, triplet, or other 6. Premature 7. Legitibirths 5. Number, in order of birth Full term mate? (Month, day, year) (Month, day, year) (Month, day, year) (PRINT) FATHER  9. Full name 10. Residence (usual place of abode) (If nonresident, give place and State) 11. Color or race 12. Age at last birthday (years) 13. Birthplace (city or place) (State or country) (State or country) 14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. 15. Industry or business in which work was done, as factory, 19. Legitibirth mate? (Month, day, year) (PRINT) MOTHER 16. Full maiden name 19. Legitibirth mate? (Month, day, year) (PRINT) 16. Full maiden name 19. Legitibirth mate? (Month, day, year) (PRINT) 16. Full maiden name 19. Legitibirth mate? (Month, day, year) (PRINT) 16. Full maiden name 19. Legitibirth mate? (Month, day, year) (PRINT) 16. Full maiden name 19. Legitibirth mate? (Month, day, year) (PRINT) 16. Full maiden name 19. Legitibirth mate? (Month, day, year) (PRINT) 16. Full maiden name 19. Legitibirth mate? (Month, day, year) (PRINT) 16. Full maiden name 19. Legitibirth mate? (Month, day, year) (PRINT) 16. Full maiden name 19. Legitibirth mate? (Month, day, year) (PRINT) 16. Full maiden name 19. Legitibirth mate? (Month, day, year) (PRINT) 16. Full maiden name 19. Legitibirth mate? (Month, day, year) (PRINT) 16. Full mater name 19. Legitibirth mater name 19. Leg
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living  24. If stillborn, period of gestation  (months or weeks or weeks)  (b) Born alive but now dead  (c) Stillborn  (b) Born alive but now dead  (c) Stillborn  (d) During Labor	23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn  24. If stillborn, period of gestation or weeks (or weeks) 25. Cause of stillbirth
26. Was 1% silver nitrate used to prevent infant blindness? Yes No  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  I hereby certify that I attended the birth of this child, who was on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.  { "When there was no attending physician or midwife, then the father, householder, etc., must make this return.  (Signature)  PHYSICIAN, MIDWIFE, PARENT OR OFFORMANT (Cross out words which do not apply)  Date  Address  (Signature)  REGISTRAR  REGISTRAR	26. Was 1% silver nitrate used to prevent infant blindness? Yes No  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  I hereby certify that I attended the birth of this child, who was on the date above stated, and that the above facts as given (Born Alive or Born Dead)  (*When there was no attending physician or midwife, then the father, householder, etc., must make) (Cross out words which do not apply)  Outer Address  (Signature)  PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)  Date Address  (Signature)  PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)  Physician, Midwife, Parent or address  Signature)  PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)  Address  REGISTRAR

#### THE STATE OF MINNESOTA

Division of Vital Statistics

CERTIFICATE OF BIRTH

Reg. District No(Above number	No. in Regist s to be filled in only by local r		
(No. (If hirth occurred in a hosni	ital or institution, give its NA		Wa
Amos Go	ens.	If child is not yet in supplemental report	named, m

m.(),   births )	mature 7. Legiti-yes 8. Date of Tells 2 7 19 4 0
(PRINT) FATHER	(PRINT) MOTHER
9. Full amos . Herbert . Sens	16. Full maiden Fern Davenhort
10. Residence (usual place of abode) (If nonresident, give place and State Princeton M	17. Residence (usual place of abode) (If nonresident, give place and State)
11. Color or race 12. Age at last birthday 26 (ye	ears) 18. Color or race 19. Age at last birthday 6 (years)
13. Birthplace (city or place) Princeton Min	20. Birthplace (city or place) Milaca Mina
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.	21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

15. Industry or business in which work was done, as factory, office, bank, etc.	farm 1	wor	ustry or business in which k was done, as own home, yer's office, factory, etc.	llom	٠. ا
23. Number of children of this mother (At time of this birth and including this of	hild) (a) Born alive and now living	2	(b) Born alive but now de	ead &	(c) Stillborn

	(At time of this birth	and inclu	ding this child)	(a) Born alive and now living	d	(b) Born alive but now dead	(c) Still	llborn (
24.	If stillborn,	_	months	25. Cause of stillbirth			Before Labor	_
	period of gestation		( or weeks	25. Cause of stillbirth			During Labor	_

26. Was 1% silver nitrate used to prevent infant blindness? Yes No		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  I hereby certify that I attended the birth of this child, who was	944	PW
on the date above stated, and that the above facts as given  the date above stated, and that the above facts as given  (Born Alive or Born Dead)  The true to the best of my knowledge, information and belief.	- Cm	10

are true to the best of my knowledge, inform	
*When there was no attending physician or mid- wife, then the father, householder, etc., must make this return.	(Signature)  PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)  Address
Given name added from a supple-	(Signature) J. Q. Burkhard
mental report, 19	Filed March. 1, 1970 Address Princetan REGISTRAR

mental	report	 . 19
	~ · <b>*</b> · · · · · · · · · · · · · · · · · · ·	****

#### THE STATE OF MINNESOTA

PLACE OF BIRTH	THE STATE OF MINNESOTA
1. County of Mille Kar	Division of Vital Statistics
3 +	CERTIFICATE OF BIRTH
Village of	Reg. District No. No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)
City of	(No, St.:Ward)
3. Sex If plural 4. Twin, triplet, births 5. Number, in or	or other 6. Premature 10 7. Legiti-
(PRINT) FATHER	(PRINT) MOTHER
9. Full Merril B	uelsingham 16. Full maiden Millard Johnson
10. Residence (usual place of abode) (if nonresident, give place and State)	17. Residence (usual place of abode) (If popresident, give place and State)

9. Full name Merril Buckingham	16. Full maiden mame Milared Cohuson
10. Residence (usual place of abode) (if nonresident, give place and State)	17. Residence (usual place of abode) (If nonresident, give place and State)
11. Color or race with 12. Age at last birthday 2 (years)	18. Color or race White 19. Age at last birthday 2 A (years)
13. Birthplace (city or place) (State or country)	20. Birthplace (city or place)
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.	21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as factory, office, bank, etc.	22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
22 No. 1 - 6 - 1 11 - 6 - 1 11	- Const

1	Property of the same	A PONY	f		-	
<ol> <li>Number of children of this mother (At time of this birth and including this child)</li> </ol>	(a) Born alive and now living	2	(b) Born alive but now dead	8	(c) Stillborn	d
24. If stillborn, period of gestation { months or weeks	25. Cause of stillbirth			Before La	bor	

26. Was 1% silver nitrate used to prevent infant blindness?	Yes No
CERTIFICATE OF	ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this	child, who was Bonn aline at 7.35 / M.,
n the date above stated, and that the above facts as	given (Born Alive or Born Dead)

I hereby certify that I attended the birt on the date above stated, and that the abov	th of this child, who was Barra (Born Alive or Born Dead)	.JM.
are true to the best of my knowledge, inform	mation and belief. 12. 17. To low lier 7.	n.1
*When there was no attending physician or mid- wife, then the father, householder, etc., must make this return.	PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)	200

this return.	der, etc., must make	(Cross out words watch do not apply)
Given name added	from a cumple	Date     O Address   March   O
Given name added	Hom a supple-	(Signature) W. Q. Sandara
montal report	10	Filed Oland Address REGISTRAI

\*When there was no attending physician or mid-wife, then the father, householder, etc., must make this return. Given name added from a supple-

PLACE OF BIRTH

### THE STATE OF MINNESOTA

m: 00.9	Division of Vital Statistics
1. County of Thele Lacs	CERTIFICATE OF BIRTH
Township of Aurellan	Reg. District No. No. in Registration Book
Village of	(Above numbers to be filled in only by local registrar or his deputy)
City of	(No, St.;
2. FULL NAME Chas, B OF CHILD (Please PRINT names in capit	If child is not yet named, make supplemental report as directed.
3. Sex  If plural 4. Twin, triplet, or other births  5. Number, in order of b	birth Wile 7 / 19 7 (
(PRINT) FATHER	(PRINT) MOTHER
9. Full Clair, W. B.	ergeron 16. Full maiden Derigie Wrigh.
0. Residence (usual place of abode) (If nonresident, give place and State)	17. Residence (usual place of abode) (If nonresident, give place and State)
1. Color or race Will 12. Age at last bi	irthday 3 0 (years) 18. Color or race While . Age at last birthday 27 (years)
3. Birthplace (city or place) Rincets	on Min 20. Birthplace (city or place) Princeton Mu
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.	21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawer's office, factory, etc.
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.	22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
3. Number of children of this mother (At time of this birth and including this child) (a)	Born alive and now living 4 (b) Born alive but now dead (c) Stillborn (
4. If stillborn, period of gestation {or weeks} 25.	Cause of stillbirth Before Labor  During Labor
26. Was 1% silver nitrate used to prevent infant bl	lindness? Yes No
CERTIFIC  I hereby certify that I attended the bir on the date above stated, and that the abo are true to the best of my knowledge, info	ove facts as given (Born Alive or Born Dead)
*When there was no attending physician or midwife, then the father, householder, etc., must make this return.	(Signature)  PHYSICIAN, MIDWIFE, PARENT OR IMPORMANT (Cross out words which do not apply)  Date  Address
Given name added from a supplemental report 7/1, 19 40	Filed July 7, 194 Address Puretage
	-//(4,

City of (No(If birth ocer	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH  No. in Registration Book  Above numbers to be filled in only by local registrar or his deputy)  St.; Ward)  wred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.
3. Sex If plural 4. Twin, triplet, or other 6. Prematurbirths 5. Number, in order of birth Full term	birth (Month, day, year), 19
9. Full Name Claumont Neller	16. Full MOTHER  maiden Evelyn Sturdewant
10. Residence (usual place of abode) (if nonresident, give place and State)  11. Color or race  12. Age at last birthday 23 (years)	17. Residence (usual place of abode) (If nonresident, give place and State) (If nonresident, give place and State) (years)
13. Birthplace (city or place) Music	20. Birthplace (city or place) (State or country)
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office bank err.	21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as factory, office, bank, etc.	21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living	(b) Born alive but now dead(c) Stillborn
24. If stillborn, period of gestation { months or weeks   25. Cause of stillbirth	Before Labor During Labor
26. Was 1% silver nitrate used to prevent infant blindness? Yes Ne	
CERTIFICATE OF ATTENDIN	G PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was...
on the date above stated, and that the above facts as given
are true to the best of my knowledge, information and belief. PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply) (Signature) .....

(Signature) , 19 Address Linne REGISTRAR

PLACE OF BIRTH  1. County of	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH
Township of Reg. District No.	No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)
City of (No	, St.; Ward)
2. FULL NAME (If birth occurrence of CHILD (Please PRINT names in capitals)	urred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.
3. Sex If plural 4. Twin, triplet, or other 6. Prematu	re 7. Legiti- 8. Date of birth 15 1940
(5. Number, in order of birth Full term (PRINT) FATHER	(PRINT) MOTHER
9. Full 1/ 10 Cha	16. Full maidents H POL 13 7
10. Residence (usual place of abode)	17. Residence (usual place of abode)
(If nonresident, give place and State)	(If nonresident, give place and State)
11. Color or race W 12. Age at last birthday 3 2 (years)	18. Color or race 19. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or country)	20. Birthplace (city or place) (State or country)
14. Trade, profession, or particular kind of work done, as farmer,	
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.	typist, nurse, clerk, etc.
work was done, as factory, office, bank, etc.	22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
23. Number of children of this mother  (At time of this birth and including this child) (a) Born alive and now living	g (b) Born alive but now dead (c) Stillborn
24. If stillborn, period of gestation { months or weeks 25. Cause of stillbirth	Before Labor  During Labor
26. Was 1% silver nitrate used to prevent infant blindness? Yes No.	
	NG PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.	was at M.,
(*When there was no attending physician or mid-)	PHYSICIAN, MIDWIFE, PARENT OF INFORMANT
wife, then the father, householder, etc., must make this return.	2 7 (Cross out words which do not apply) Address
Given name added from a supple-	geo Book and
mental report , 19 Filed and	, 199 Address Page BEGISTRAR
Village of	Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book Above numbers to be filled in only by local registrar or his deputy)  Tred in a hospital or institution, give its NAME instead of street and number)  Rekins
3. Sex If plural 4. Twin, triplet, or other 6. Premature births 5. Number, in order of birth Full term	birth 0 2 0 .19 4 0
(PRINT) FATHER	(Month, day, year)  (PRINT)  MOTHER  16. Full
9. Full Bert Bekius	maiden Dena Gobelte
10. Residence (usual place of abode) (If nonresident, give place and State) Rene to R. 4	17. Residence (usual place of abode) (If nonresident, give place and State)
11. Color or race W 12. Age at last birthday 36 (years)	18. Color or race W 19. Age at last birthday 3 \ (years)
13. Birthplace (city or place)	20. Birthplace (city or place)
(State or country)	(State or country)
kind of work done, as farmer, bookkeeper, etc.	of work done, as housekeeper, yould wife
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.	21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living	45
24. If stillborn, period of gestation { months or weeks   25. Cause of stillbirth	Sefore Labor
26. Was 1% silver nitrate used to prevent infant blindness? Yes No.	(During Labor
The state of the s	NG PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.	
*When there was no attending physician or mid- wife, then the father, householder, etc., must make this return. (Signature)	PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)
Given name added from a supple-	ture) Star (D) (9 000000)
mental report , 19 Filed Oct	W - , 1940 Address Prince the REGISTRAR M is

	Division of Vital Statistics
Village of (Abo	CERTIFICATE OF BIRTH  No. in Registration Book
or	ove numbers to be filled in only by local registrar or his deputy)
2. FULL NAME ARLEYE (If birth occurred of CHILD (Please PRINT names in capitals)	in a hospital or institution, give its NAME instead of street and number)  LEIDER If child is not yet named, make supplemental report as directed.
3. Sex If plural 4. Twin, triplet, or other 6. Premature births 5. Number, in order of birth Full term Full term	mate? birth (Month, day, year) (PRINT) MOTHER
9. Full ame Otto W. Leider	6. Full maiden Rose Rote
0. Residence (usual place of abode) (if nonresident, give place and State)	7. Residence (usual place of abode) (If nonresident, give place and State)
	8. Color or race 19. Age at last birthday 23 (years)  0. Birthplace (city or place)
(State or country) Shellusalo No	(State or country)
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.	of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home,
3. Number of children of this mother	4
(At time of this birth and including this child) (a) Born alive and now living  4. If stillborn, period of gestation — {months or weeks} 25. Cause of stillbirth	(b) Born alive but now dead (c) Stillborn ()  Before Labor  During Labor
26. Was 1% silver nitrate used to prevent infant blindness? Yes No	
CERTIFICATE OF ATTENDING  I hereby certify that I attended the birth of this child, who was on the date above stated, and that the above facts as given	
*When there was no attending physician or mid- wife, then the father, householder, etc., must make }  (Signature)	PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)
Given name added from a supple-	25. 40 Address Princeton M.
mental report , 19 Filed O	PEGISTRAR
City of	Division of Vital Statistics  CERTIFICATE OF BIRTH  No. in Registration Book  Eve numbers to be filled in only by local registrar or his deputy)  St.; Ward)  In a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.
3. Sex If plured 4 Twin triplet or other	7 Taglet 9 Date of A 4
3. Sex If plural 4. Twin, triplet, or other 6. Premature Full term FATHER	mate? birth (Month, day, year) 19 TO (Month, day, year)  (PRINT) MOTHER  6. Full
(PRINT) FATHER  10. Full Paymond. Millow Wells.	(PRINT) MOTHER  (Full maiden Bessey Elyabeth Walks)
(PRINT) FATHER  10. Full Paymond. Millow Wells.	(PRINT)  6. Full  maiden  O  O  O  O  O  O  O  O  O  O  O  O  O
(PRINT)  FATHER  Pull rame  Part of the first order of birth  Pull term  Part of the first order of birth  Pull term  Part of the first order of birth  Pull term  Part of the first order of birth  Part of the first order o	mate? birth (Month, day, year)  (PRINT)  MOTHER  Full maiden Residence (usual place of abode) (If nonresident, give place and State)  8. Color or race  19. Age at last birthday 3 (years)
(PRINT)  FATHER  Paul Paul Paul Paul Paul Paul Paul Paul	mate? (Month, day, year)  (PRINT)  (Full maiden Residence (usual place of abode) (If nonresident, give place and State)  (Residence (city or place) (State or country)  (State or country)  (State or country)  (PRINT)  MOTHER  (Month, day, year)
(PRINT)  FATHER  Pull rame  Paymond Mills  Residence (usual piece of abode) (If nonresident, give place and State)  12. Age at last birthday 44 (years)  Birthplace (city or place) (State or country)	mate? (Month, day, year)  (PRINT)  (Full maiden Residence (usual place of abode) (If nonresident, give place and State)  (Residence (city or place) (State or country)  (State or country)  (State or country)  (PRINT)  MOTHER  (Month, day, year)  (
(PRINT)  FATHER  Pull term  Partition  (PRINT)  Pull term  Partition  Pull term  Partition  Partiti	mate? birth (Month, day, year)  (PRINT) MOTHER  6. Full maiden and Clay and State)  7. Residence (usual place of abode) (If nonresident, give place and State)  8. Color or race 19. Age at last birthday (years)  10. Birthplace (city or place) (State or country)  (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home,
(PRINT)  FATHER  Pull term  Pather  Pull term  Pull term Pull term  Pull term Pull term  Pull term  Pull term Pull term  Pull term  Pull term Pull term  Pull term  Pull term  Pull term  Pull term  P	mate? (Month, day, year)  (PRINT) MOTHER  6. Full maiden and Clay of the place of abode)  7. Residence (usual place of abode) (If nonresident, give place and State)  8. Color or race  19. Age at last birthday  (years)  10. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
births (5. Number, in order of birth Full term)  (PRINT) FATHER  (Stull Particular kind of city or place) (State or country)  (State or country) (State or country) (State or country)  (State or country) (State or country) (State or country) (State or country)  (State or country) (State or countr	mate?  (PRINT)  (Full maiden name   Cly
births (5. Number, in order of birth Full term (PRINT)  FATHER  Pull term (PRINT)  Residence (usual pince of abode) (If nonresident, give place and State)  Residence (usual pince of abode) (If nonresident, give place and State)  Residence (city or place)  Residence (city or place)  Residence (city or place)  Residence (usual pince of abode) (If nonresident, give place and State)  Residence (usual pince of abode) (If nonresident, give place and State)  Residence (usual pince of abode) (If nonresident, give place and State)  Residence (usual pince of abode) (If nonresident, give place and State)  Residence (usual pince of abode) (If nonresident, give place and State)  Residence (usual pince of abode) (If nonresident, give place and State)  Residence (usual pince of abode) (If nonresident, give place and State)  Residence (usual pince of abode) (If nonresident, give place and State)  Residence (usual pince of abode) (If nonresident, give place and State)  Residence (usual pince of abode) (If nonresident, give place and State)  Residence (usual pince of abode) (If nonresident, give place and State)  Residence (usual pince of abode) (If nonresident, give place and State)  Residence (usual pince of abode) (If nonresident, give place and State)  Residence (usual pince of abode) (If nonresident, give place and State)  Residence (usual pince of abode) (If nonresident, give place and State)  Residence (usual pince of abode) (If nonresident, give place and State)  Residence (usual pince of abode) (If nonresident, give place and State)  Residence (usual pince of abode) (If nonresident, give place and state)  Residence (usual pince of abode) (If nonresident, give place and state)  Residence (usual pince of abode) (If nonresident, give place and state)  Residence (usual pince of abode) (If nonresident, give place and state)  Residence (usual pince and s	mate?  (PRINT)  (Full maiden and State)  (Residence (usual place of abode) (If nonresident, give place and State)  (State or country)  (State or country)  (21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  (22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  (b) Born alive but now dead  (c) Stillborn  (During Labor  PHYSICIAN OR MIDWIFE*
Second   S	mate?  (PRINT)  (Full maiden name   Clay and State   Property    (If nonresident, give place and State)  (State or country)  (State or country)  (21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  (22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  (b) Born alive but now dead  (c) Stillborn  (Born Alive or Born Dead)  PHYSICIAN OR MIDWIFE*  (Cross out words which do not apply)
births (5. Number, in order of birth Full term (PRINT)  FATHER  9. Full name  10. Residence (usual pixe of abode) (If nonresident, give place and State)  11. Color or race  12. Age at last birthday (Years)  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  3. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living  4. If stillborn, period of gestation (months or weeks)  25. Cause of stillbirth  26. Was 1% silver nitrate used to prevent infant blindness? Yes No  CERTIFICATE OF ATTENDING  I hereby certify that I attended the birth of this child, who was the date above stated, and that the above facts as given re true to the best of my knowledge, information and belief.  *When there was no attending physician or midwife, then the father, householder, etc., must make	mate?  (PRINT)  (Full maiden and state)  (Residence (usual place of abode) (If nonresident, give place and State)  (State or country)  (State or country)  (State or country)  (It adapted a some and state)  (State or country)

1. PLACE OF BIRTH

23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living

26. Was 1% silver nitrate used to prevent infant blindness? Yes No

..., 19.....

\*When there was no attending physician or mid-wife, then the father, householder, etc., must make this return.

mental report.....

Given name added from a supple-

{ months or weeks | 25. Cause of stillbirth

I hereby certify that I attended the birth of this child, who was form the date above stated, and that the above facts as given (Born Alive or Born Dead) are true to the best of my knowledge, information and belief.

(Signature) ....

Filed WU 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

Date Caross out words which do not apply)

(Cross out words which do not apply)

Address.

(Signature)

20

(b) Born alive but now dead

PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)

, 1970 Address Tune REGISTRAR

Before Labor

During Labor

at 605-4 M.

1. County of Mille Jack .	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH
Township of Reg. D	istrict No. No. in Registration Book  (Above numbers to be filled in only by local registrar or his deputy)
City of (No	, St.;Ward)
2. FULL NAME OF CHILD PRINT names in capitals)	(If birth occurred in a hospital or institution, give its NAME instead of street and number)  DEVRIES  If child is not yet named, make supplemental report as directed.
3. Sex If plural 4. Twin, triplet, or other 6. S. Number, in order of birth	Premature 1.0. 7. Legiti-
(PRINT) FATHER 9. Full O 0 0 . + 0	(PRINT) MOTHER  16. Full Maiden A A A A A A A A A A A A A A A A A A A
10. Residence (usual place of abode)	name  17. Residence (usual place of abode)
11. Color or race)   12. Age at last birthday 3 2	(If nonresident, give place and State) Purcelly 19 (years) 18. Color or race 1 19. Age at last birthday 2 9 (years
13. Birthplace (city or place) 7 1 2 2 2 2 4 Holl - (State or country)	20. Birthplace (city or place) (State or country)
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.	21. Trade, profession, or natticular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and	Novice
24. If stillborn, period of gestation (months or weeks 25. Cause of still	Before Labor
26. Was 1% silver nitrate used to prevent infant blindness?	Yes) No
on the date above stated, and that the above facts as gare true to the best of my knowledge, information and  *When there was no attending physician or mid- wife, then the father, householder, etc., must make this return.  Given name added from a supple-	Delief.  The physician, Midwiffe, Parent Oranformant  (Cross out words which to not apply)  Address  (Signature)  (Signature)  REGISTRAL
mental report, 19 Filed.	Dis. 7., 19 KOAddress Marshaum u
Village of (No	Division of Vital Statistics  CERTIFICATE OF BIRTH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  , St.; Ward)
2. FULL NAME Margaret, Cile	
(Please PRIM) names in capitals)	If birth occurred in a hospital or institution give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.
2.5.4	If child is not yet named, make
3. Sex If plural 4. Twin, triplet, or other 6.  (PRINT) FATHER  9. Full 4 Was 1	Premature 7. Legiti- 8. Date of birth (Month, day, year) 16. Full maiden maiden MOTHER
3. Sex If plural 4. Twin, triplet, or other 6. Number, in order of birth FATHER	Premature 7. Legiti- 8. Date of birth (Month, day, year) 19 / 16. Full maiden name (usual place of abode) 17. Residence (usual place of abode) 17. Residence (usual place of abode)
3. Sex If plural 4. Twin, triplet, or other 6. Sex births 5. Number, in order of birth 6. FATHER 9. Full name August August August Media 10. Residence (usual place of abode)	Premature 7. Legiti- 8. Date of birth (Month, day, year)  PRINT MOTHER  16. Full maiden name welly Modeline Inemake
3. Sex If plural 4. Twin, triplet, or other 5. Number, in order of birth  (PRINT) FATHER  9. Full Author Meld Iname (usual place of abode) (If nonresident, give place and State)  10. Residence (usual place of abode) (If nonresident, give place and State)  11. Color or race 12. Age at last birthday 33  13. Birthplace (city or place) (State or country)	Premature 7. Legiti- Full term 8. Date of birth (Month, day, year)  (PRINT) MOTHER  17. Residence (usual place of abode) (If nonresident, give place and State)
3. Sex If plural 4. Twin, triplet, or other 5. Number, in order of birth  (PRINT) FATHER  9. Full Author Meld 10. Residence (usual place of abode) (If nonresident, give place and State)  11. Color or race 12. Age at last birthday 33  13. Birthplace (city or place) (State or country)	Premature 7. Legiti- Full term 7. Legiti- MOTHER  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race 19. Age at last birthday 35 (years)  20. Birthplace (city or place) (State or country)
3. Sex  If plural 4. Twin, triplet, or other  5. Number, in order of birth  (PRINT)  FATHER  9. Full	Premature 7. Legiti- Full term 8. Date of birth (Month, day, year)  (PRINT) MOTHER  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race 19. Age at last birthday 35 (years)  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
3. Sex  If plural 4. Twin, triplet, or other  (PRINT)  FATHER  9. Full Adjusted Place of abode) (If nonresident, give place and State)  10. Residence (usual place of abode) (If nonresident, give place and State)  11. Color or race  12. Age at last birthday 33  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  16. Number of children of this mother (At time of this birth and including this child) (a) Born alive and	Premature 7. Legiti- mate? 8. Date of birth (Month, day, year)  (PRINT) MOTHER  16. Full maiden name (If nonresident, give place and State)  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race 19. Age at last birthday 35 (years (State or country))  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
3. Sex If plural 4. Twin, triplet, or other 5. Number, in order of birth  (PRINT) FATHER  9. Full A Grant Place of abode) (if nonresident, give place and State)  11. Color or race 12. Age at last birthday 33  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and 24. If stillborn, period of gestation [a months] or weeks 25. Cause of still	Premature 7. Legiti- Full term 7. Legiti- Full term 7. Legiti- MOTHER  16. Full maiden name (usual place of abode) (If nonresident, give place and State)  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race 19. Age at last birthday 35 (years 20. Birthplace (city or place) (State or country)  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  19. Age at last birthday 35 (years 20. Birthplace) (State or country)  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
3. Sex If plural 4. Twin, triplet, or other 5. Number, in order of birth  (PRINT) FATHER  9. Full A Sesidence (usual place of abode) (if nonresident, give place and State)  11. Color or race 12. Age at last birthday 33  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and 24. If stillborn, period of gestation [months] or weeks 25. Cause of still 26. Was 1% silver nitrate used to prevent infant blindness?	Premature 7. Legiti- Full term 7. Legiti- Full term MOTHER  16. Full maiden name (If nonresident, give place and State)  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race 19. Age at last birthday 35 (years 20. Birthplace (city or place) (State or country)  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  19. Age at last birthday 35 (years 20. Birthplace (city or place) (State or country)  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  19. Age at last birthday 35 (years 20. Birthplace (city or place) (State or country)  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
3. Sex If plural 4. Twin, triplet, or other 5. Number, in order of birth  (PRINT) FATHER  9. Full	Premature   7. Legiti   8. Date of birth   (Month, day, year)   16. Full maiden   mame   (Month, day, year)   17. Residence (usual place of abode)   (If nonresident, give place and State)   18. Color or race   19. Age at last birthday   (years)   18. Color or race   19. Age at last birthday   (years)   19. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.   19. Industry or business in which work was done, as own home, lawyer's office, factory, etc.   19. Industry or business in which work was done, as own home, lawyer's office, factory, etc.   19. Industry or business in which work was done, as own home, lawyer's office, factory, etc.   19. Industry or business in which work was done, as own home, lawyer's office, factory, etc.   19. Industry or business in which work was done, as own home, lawyer's office, factory, etc.   19. Industry or business in which work was done, as own home, lawyer's office, factory, etc.   19. Industry or business in which work was done, as own home, lawyer's office, factory, etc.   19. Industry or business in which work was done, as own home, lawyer's office, factory, etc.   19. Industry or business in which work was done, as own home, lawyer's office, factory, etc.   19. Industry or business in which work was done, as own home, lawyer's office, factory, etc.   19. Industry or business in which work was done, as own home, lawyer's office, factory, etc.   19. Industry or business in which work was done, as own home, lawyer's office, factory, etc.   19. Industry or business in which work was done, as own home, lawyer's office, factory, etc.   19. Industry or business in which work was done, as own home, lawyer's office, factory, etc.   19. Industry or business in which work was done, as own home, lawyer's office, factory, etc.   19. Industry or business in which work was done, as own home, lawyer's office, factory, etc.   19. Industry or business in which work was lawyer's office, factory, etc.   19. Industry or business in which work was
3. Sex  If plural 4. Twin, triplet, or other 5. Number, in order of birth  (PRINT) FATHER  9. Full	Premature   7. Legiti-   8. Date of birth   (Month, day, year)   16. Full maiden   mame   (Month, day, year)   17. Residence (usual place of abode)   (If nonresident, give place and State)   18. Color or race   19. Age at last birthday   (years)   18. Color or race   19. Age at last birthday   (years)   19. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.   19. Industry or business in which work was done, as own home, lawyer's office, factory, etc.   19. Industry or business in which work was done, as own home, lawyer's office, factory, etc.   19. Industry or business in which work was done, as own home, lawyer's office, factory, etc.   19. Industry or business in which work was done, as own home, lawyer's office, factory, etc.   19. Industry or business in which work was done, as own home, lawyer's office, factory, etc.   19. Industry or business in which work was done, as own home, lawyer's office, factory, etc.   19. Industry or business in which work was done, as own home, lawyer's office, factory, etc.   19. Industry or business in which work was done, as own home, lawyer's office, factory, etc.   19. Industry or business in which work was done, as own home, lawyer's office, factory, etc.   19. Industry or business in which work was done, as own home, lawyer's office, factory, etc.   19. Industry or business in which work was done, as own home, lawyer's office, factory, etc.   19. Industry or business in which work was done, as own home, lawyer's office, factory, etc.   19. Industry or business in which work was done, as own home, lawyer's office, factory, etc.   19. Industry or business in which work was done, as own home, lawyer's office, factory, etc.   19. Industry or business in which work was done, as own home, lawyer's office, factory, etc.   19. Industry or business in which work was done, as own home, lawyer's office, factory, etc.   19. Industry or business in which work was lawyer's office, factory, etc.   19. Industry or business in which work was
3. Sex   If plural   4. Twin, triplet, or other   6.	Premature 7. Legiti- 8. Date of birth (Month, day, year)  (PRINT) MOTHER  (If nonresident, give place and State)  (Years) 18. Color or race 19. Age at last birthday 35 (years)  (State or country) 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in whome, lawyer's office, factory, etc.  (b) Born alive but now dead (c) Stillborn birth  (Yes) No  (Born Alive or Born Dead)  (Born Alive or Born Dead)  (Born Alive or Born Dead)  (C) PHYSICIAN, MIDWIFE, PARAST OR INFORMANT

PLACE OF BIRTH

1. County of Jaka	Division of Vital Statistics CERTIFICATE OF BIRTH
Township of Reg. District N	9991
Village of	(Above numbers to be filled in only by local registrar or his deputy)
2. FULL NAME OF CHILD Please PRINT names in capitals) (If birth or	curred in a hospital or institution, give its NAME instead of street and number)  PT, GDSTAFSOM   If child is not yet named, make supplemental report as directed.
3. Sex   If plural 4. Twin, triplet, or other   6. Premat births 5. Number, in order of birth   Full terms	birth Lan- 1 - 19 7/
(PRINT) FATHER	(PRINT) MOTHER
9. Full Oscar Peulon Sustalso	maiden Wasel Marie Oliver
10. Residence (usual place of abode) (If nonresident, give place and State)	17. Residence (usual place of abode) (If nonresident, give place and State) Princeton Mu
11. Color or race White 12. Age at last birthday + 0 (years)	18. Color or race White 19. Age at last birthday 35 (years)
13. Birthplace (city or place) The State or country)	20. Birthplace (city or place)
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.	21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
office, bank, etc. + Common 23. Number of children of this mother	work was done, as own home, lawyer's office, factory, etc.
(At time of this birth and including this child) (a) Born alive and now living	
24. If stillborn, period of gestation { months or weeks   25. Cause of stillbirth	Before Labor  During Labor
26. Was 1% silver nitrate used to prevent infant blindness? Yes M	to
*When there was no attending physician or mid- wife, then the father, householder, etc., must make this return.  Given name added from a supple- mental report	PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)  Address.  Address.  Address.  1944 Address.  REGISTRAR
PLACE OF BIRTH  1. County of Mule June  Township of Princeto Reg. District N  Village of No. (If birth occ  2. FULL NAME OF CHILD (Please PRINT names in capitals)	THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH  O. No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  St.: Ward)  curred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.
3. Sex If plural 4. Twin, triplet, or other 6. Premate	
(5. Number, in order of birth Full term	
9. Full Rale 1 X Day - wages	16. Full maiden
10. Residence (usual place of abode)	17. Residence (usual place of abode)
(If nonresident, give place and State)	(If nonresident, give place and State)
11. Color or race 11. Age at last birthday 3 (years)	18. Color or race 19. Age at last birthday (years)
3. Birthplace (city or place) (State or country)	20. Birthplace (city or place) (State or country)
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.	21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
23. Number of children of this mother	6/
(At time of this birth and including this child) (a) Born alive and now living  24. If stillborn, [months]	(b) Born alive but now dead (c) Stillborn  Before Labor
period of gestation or weeks 25. Cause of stillbirth	)

26. Was 1% silver nitrate used to prevent infant blindness? Yes No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was on the date above stated, and that the above facts as given (Born Alive or Born Dead) are true to the best of my knowledge, information and belief.

(\*When there was no attending physician or mid-)

(Signature)

FHYSICIAN, MIDWIFE, PARE

Date 1-15

Filed MM V

\*When there was no attending physician or mid-wife, then the father, householder, etc., must make this return.

mental report.....

Given name added from a supple-

....., 19......

THE STATE OF MINNESOTA

Before Labor .. During Labor

iven (Born Alive or Born Dead)
belief.

Ture)

PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
(Cross out words which do not apply)

Address.

(Signature)

REGIST

, 194/ Address Ennels REGISTRAR

1. County of Mille Jack Township of Punction		THE STATE OF MINNESOTA
Township of Puncton		Division of Vital Statistics
	District No	CERTIFICATE OF BIRTH
Village of		o. No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)
City of (No.	(If birth oce	St.; Warred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME OF CHILD	1.	JIf child is not yet named, ma
(Please PRINT names in capitals)	***************************************	/supplemental report as direct
3. Sex If plural 4. Twin, triplet, or other births	6. Prematu	ure 7. Legiti- 8. Date of Mar 24 194
(5. Number, in order of birth	Full term	mate? (Month, day, year)
(PRINT) FATHER 9. Full 9		(PRINT) MOTHER 16. Full
name Dengel Oakle.		maiden Minerva Peterson
10. Residence (usual place of abode) (If nonresident, give place and State)		17. Residence (usual place of abode) (If nonresident, give place and State)
910	chr.	200 26
11. Color or race 12. Age at last birthday 4	(years)	18. Color or race 19. Age at last birthday 2 (year
13. Birthplace (city or place)  (State or country)  Mumesvata		20. Birthplace (city or place) (State or country)  Manuerota
14. Trade, profession, or particular kind of work done, as farmer, Butcher		21. Trade, profession, or particular kind of work done, as housekeeper,
15. Industry or business in which		21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
work was done, as factory, office, bank, etc.	•	work was done, as own home, lawyer's office, factory, etc.
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive:	and now living	ng , 5 (b) Born alive but now dead (c) Stillborn C
24. If stillborn, (months	construction (di	Sefore Labor
period of gestation   Or weeks   25. Cause of s	stillbirth	During Labor
26. Was 1% silver nitrate used to prevent infant blindness?	Yes No	ia
		NG PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this on the date above stated, and that the above facts a	child, who	o was Boun alive at 3 3 9
are true to the best of my knowledge, information a	nd belief.	David annine
*When there was no attending physician or mid- wife, then the father, householder, etc., must make	nature)	PHYSICIAN, MOWIFE, PARENT OR INFORMANT
(this return.	<u></u>	(Cross of words which do not apply)  Address
Given name added from a supple-		ature Tes Borchard
mental report, 19 Filed	may	5 ,19 // Address REGISTRAR
	0	
Township of Innecton  Village of Reg.	District No	THE STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book
City of (No. 2. FULL NAME	(	(Above numbers to be filled in only by local registrar or his deputy)  St.; War  wared in a hospital or institution, give its NAME instead of street and number)
City of (No.	(	(Above numbers to be filled in only by local registrar or his deputy)
City of (No  2. FULL NAME OF CHILD (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other	(If birth occu	(Above numbers to be filled in only by local registrar or his deputy)  , St.; War  wrred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, ma supplemental report as directed.
City of (No  2. FULL NAME OF CHILD (Please PRINT names in capitals)	(	(Above numbers to be filled in only by local registrar or his deputy)  St.; War  warred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, ma  supplemental report as directed  re
City of (No.  2. FULL NAME OF CHILD (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other births  (PRINT) FATHER	(If birth occurrence)	(Above numbers to be filled in only by local registrar or his deputy)  St.; War  wred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, ma supplemental report as directed  or mate?  8. Date of firth (Month, day, year)  (PRINT)  MOTHER
City of (No. 2. FULL NAME OF CHILD (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other births  5. Number, in order of birth	(If birth occurrence)	(Above numbers to be filled in only by local registrar or his deputy)  St.; War  wered in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, ma supplemental report as directed  re
City of (No.  2. FULL NAME OF CHILD (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other births 5. Number, in order of birth (PRINT) FATHER 9. Full flooder 10. Residence (usual place of abode)	(If birth occurrence)	(Above numbers to be filled in only by local registrar or his deputy)  St.; War  wered in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, ma supplemental report as directed  are
City of (No.  2. FULL NAME OF CHILD (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other births  (PRINT) FATHER  9. Full herblace Mulfrandt	(If birth occurrence)	(Above numbers to be filled in only by local registrar or his deputy)  St.; War  wered in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, ma supplemental report as directed  or mate?  8. Date of birth (Month, day, year)  (PRINT)  MOTHER  16. Full maiden name  Penata Haman.
City of (No.  2. FULL NAME OF CHILD (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other births 5. Number, in order of birth (PRINT) FATHER 9. Full flooder 10. Residence (usual place of abode)	(If birth occurrence)	(Above numbers to be filled in only by local registrar or his deputy)  St.; War  wered in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, ma supplemental report as directed  are
City of (No. 2. FULL NAME OF CHILD (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other births  5. Number, in order of birth  (PRINT) FATHER  9. Full her love Mulfrondt  10. Residence (usual place of abode) (If nonresident, give place and State)  11. Color or race Mulfrondt  12. Age at last birthday 3	6. Prematur	(Above numbers to be filled in only by local registrar or his deputy)  St.; War  warred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, ma supplemental report as directe  are
City of (No. 2. FULL NAME OF CHILD (Please PRINT names in capitals)  3. Sex (Please PRINT names in capitals)  3. Sex (Please PRINT names in capitals)  4. Twin, triplet, or other (PRINT)  5. Number, in order of birth  FATHER  9. Full (PRINT)  10. Residence (usual place of abode) (If nonresident, give place and State)  11. Color or race (tity or place)  12. Age at last birthday 3  13. Birthplace (city or place) (State or country)	6. Prematur	(Above numbers to be filled in only by local registrar or his deputy)  St.; War  warred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, ma supplemental report as directe  are
City of (No. 2. FULL NAME OF CHILD (Please PRINT names in capitals)  3. Sex (Please PRINT names in capitals)  3. Sex (Please PRINT names in capitals)  4. Twin, triplet, or other (PRINT)  5. Number, in order of birth  FATHER  9. Full (PRINT)  10. Residence (usual place of abode) (If nonresident, give place and State)  11. Color or race (tity or place)  12. Age at last birthday 3  13. Birthplace (city or place) (State or country)	6. Prematur	(Above numbers to be filled in only by local registrar or his deputy)  St.; War  warred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, ma supplemental report as directe  are
City of (No.  2. FULL NAME OF CHILD (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other births  5. Number, in order of birth  (PRINT) FATHER  9. Full flee date Mulfished  10. Residence (usual place of abode) (If nonresident, give place and State)  11. Color or rac Muto 12. Age at last birthday 3  13. Birthplace (city or place) (State or country) Municipal Kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory,	6. Prematur	(Above numbers to be filled in only by local registrar or his deputy)  St.; War  wered in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, ma  supplemental report as directed  The mater of birth (Month, day, year)  (PRINT)  MOTHER  16. Full maiden name  17. Residence (usual place of abode)  (If nonresident, give place and State)  18. Color or resident, give place and State)  19. Age at last birthday 30 (year)  20. Birthplace (city or place)  (State or country)  (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which
City of (No.  2. FULL NAME OF CHILD (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other births  5. Number, in order of birth  (PRINT) FATHER  9. Full Alected (Light of the place of abode) (If nonresident, give place and State)  10. Residence (usual place of abode) (If nonresident, give place and State)  11. Color or race place (City or place) (State or country)  12. Age at last birthday 3  13. Birthplace (City or place) (State or country) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, flament work was done, as farmer, flament find of work was done, as factory, office, bank, etc.	6. Prematur	(Above numbers to be filled in only by local registrar or his deputy)  St.; War  warred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, ma supplemental report as directed  The mate:  (PRINT)  MOTHER  16. Full  maiden name  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or resident  19. Age at last birthday 30 (year  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind- of work done, as housekeeper, typist, nurse, clerk, etc.
City of (No.  2. FULL NAME OF CHILD (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other births  5. Number, in order of birth  (PRINT) FATHER  9. Full flee date Mulfished  10. Residence (usual place of abode) (If nonresident, give place and State)  11. Color or rac Muto 12. Age at last birthday 3  13. Birthplace (city or place) (State or country) Municipal Kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory,	6. Prematur Full term	(Above numbers to be filled in only by local registrar or his deputy)  St.; War  warred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, ma  supplemental report as directe  The mater of birth (Month, day, year)  (PRINT)  MOTHER  16. Full (Month, day, year)  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or randout 19. Age at last birthday 30 (year  20. Birthplace (city or place) (State or country)  Volume of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
City of (No. 2. FULL NAME OF CHILD (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other births  5. Number, in order of birth  (PRINT) FATHER  9. Full flee love Mulfished  10. Residence (usual place of abode) (If nonresident, give place and State)  11. Color or race flee love place of abode) (State or country)  12. Age at last birthday 3  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother	6. Prematur Full term (years)	(Above numbers to be filled in only by local registrar or his deputy)  St.; Wan  warred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, ma  supplemental report as directed  B. Date of birth (Month, day, year)  (PRINT)  16. Full maiden name  17. Residence (usual place of abode)  (If nonresident, give place and State)  18. Color or resident, give place and State)  19. Age at last birthday 3 (year)  20. Birthplace (city or place)  (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  (b) Born alive but now dead  (c) Stillborn  Before Labor
City of (No. 2. FULL NAME OF CHILD (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other births 5. Number, in order of birth  (PRINT) FATHER  9. Full flee date Mulfished  10. Residence (usual place of abode) (If nonresident, give place and State)  11. Color or race flee 12. Age at last birthday 3  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Born alive at the control of gestation (a) Born alive at the control of gestation (b) or weeks (c) Cause of some control of the control of gestation (c) or weeks (c) Cause of some control of the control of this birth and including this child) (a) Born alive at the control of gestation (c) or weeks (c) Cause of some control of this birth and including this child) (a) Born alive at the control of gestation (c) or weeks (c) Cause of some control of this birth and including this child) (a) Born alive at the control of gestation (c) or weeks (c) Cause of some control of the control of gestation (c) or weeks (c) Cause of some control of the control	(If birth occurs)  6. Prematur Full term  (years)  and now living tillbirth	(Above numbers to be filled in only by local registrar or his deputy)  St.; War  warred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, ma  supplemental report as directed  number of birth (Month, day, year)  (PRINT)  16. Full maiden name  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or random of yet named.  19. Age at last birthday 30 (year)  20. Birthplace (city or place) (State or country)  Volume of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  (b) Born alive but now dead  (c) Stillborn  Before Labor  During Labor
City of (No.  2. FULL NAME OF CHILD (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other births  5. Number, in order of birth  (PRINT) FATHER  9. Full flee date Mulfished  10. Residence (usual place of abode) (If nonresident, give place and State)  11. Color or race flee to the place of abode) (State or country)  12. Age at last birthday 3  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Born alive at the period of gestation (months) or weeks (proved to be provent infant blindness)	(If birth occur  ANAL)  6. Prematur  Full term  (years)  and now living  tillbirth  Yes No	(Above numbers to be filled in only by local registrar or his deputy)  St.; War  warred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, ma  supplemental report as directed  number of birth (Month, day, year)  (PRINT)  16. Full (Month, day, year)  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or random of the place of work done, as housekeeper, typist, nurse, clerk, etc.  20. Birthplace (city or place) (State or country)  Volume of work done, as housekeeper, typist, nurse, clerk, etc.  21. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  (b) Born alive but now dead  (c) Stillborn  Before Labor During Labor
City of	(If birth occurs of the control of t	(Above numbers to be filled in only by local registrar or his deputy)  St.; War  warred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, ma  supplemental report as directed  name?  (PRINT)  16. Full  maiden  name  (PRINT)  17. Residence (usual place of abode)  (If nonresident, give place and State)  18. Color or ray fut.  19. Age at last birthday 30 (year  20. Birthplace (city or place)  (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  (b) Born alive but now dead  (c) Stillborn  Before Labor  During Labor
City of	(If birth occurs of the control of t	(Above numbers to be filled in only by local registrar or his deputy)    St.; War   St.; War   If child is not yet named, ma   Supplemental report as directed and number)
City of	(If birth occur)  6. Prematur Full term  (years)  (years)  ATTENDIN child, who s given nd belief.	(Above numbers to be filled in only by local registrar or his deputy)  St.; Wan  Warred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, ma  Supplemental report as directed  Registrer of birth (Month, day, year)  16. Full maiden name  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or registrer of place) (State or country)  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  23. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  24. Deformance of the place
City of	(If birth occurs)  6. Premature Full term  (years)  (years)  ATTENDIN child, who s given not belief. nature)	(Above numbers to be filled in only by local registrar or his deputy)  St.; Wan  Warred in a hospital or institution, give its NAME instead of street and number)  If thild is not yet named, ma  Supplemental report as directed birth  (Month, day, year)  (PRINT)  MOTHER  16. Full maiden name  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or restant  19. Age at last birthday 30 (year 20. Birthplace (city or place) (State or country)  Volume 19. Industry or business in which work was done, as sown home, lawyer's office, factory, etc.  (b) Born alive but now dead  (c) Stillborn  Before Labor  During Labor  ONG PHYSICIAN OR MIDWIFE*  O was  PHYSICIAN MIDWIFE, PARENT OR INFORMANT (Crossout words which do not apply)  Address  Address

PLACE OF BIRTH	THE STATE OF MINNESOTA Division of Vital Statistics
Township of Panceto	CERTIFICATE OF BIRTH
or Village of Reg. District No	No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)
or	, St.;
2. FULL NAME Of CHILD (Please PRINT) names in capitals)	If child is not yet named, make supplemental report as directed.
3. Sex   If plural 4. Twin, triplet, or other 6. Prematu 5. Number, in order of birth Full term	mate? Le birth (Month, day, year)
9. Full Rodney Clemons	(PRINT) MOTHER  16. Full maiden Shealine Transverg
10. Residence (usual place of abode) (If nonresident, give place and State)	17. Residence (usual place of abode) (If nonresident, give place and State)
11. Color or race 12. Age at last birthday / (years)	18. Color or rade hutc 19. Age at last birthday (years)
13. Birthplace (city or place) Munuciola (State or country)	20. Birthplace (city or place)//mnesota
14. Trade, profession, or particular kind of work done, as farmer, furnity.  15. Industry or business in which work was done, as factory, office bank, etc.	21. Trade, profession, or particular kind of work done, as housekeeper, forms, purse, clerk, etc.
15. Industry or business in which work was done, as factory,	22. Industry or business in which
office, bank, etc.	work was done, as own home, lawyer's office, factory, etc.
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now livin	g / (b) Born alive but now dead (c) Stillborn
24. If stillborn, period of gestation { months or weeks   25. Cause of stillbirth	Before Labor
26. Was 1% silver nitrate used to prevent infant blindness? Yes No.	(During Labor
	NG PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.	<i>D</i> 1 ( - 1)
*When there was no attending physician or mid- wife, then the father, householder, etc., must make } (Signature)	PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Gröss out words which do not apply)
Given name added from a supple-	Address p
(Signa	ture) To Bowhard REGISTRAR
mental report , 19 Filed May	7 , 197/ Address
City of (No(No	Above numbers to be filled in only by local registrar or his deputy)  , St.;
2. FULL NAME OF CHILD Dale Lloyd Villnow (Please PRINT names in capitals)	If child is not yet named, make supplemental report as directed.
3. Sex   If plural 4. Twin, triplet, or other 6. Premature 5. Number, in order of birth Full term	1/2 birth ///009 D v 19/
9. Full name atthes below Willmon	16. Full maiden
10. Residence (usual place of abode) (If nonresident, give place and State)	17. Residence (usual place of abode) (If nonresident, give place and State
11. Color or race White 12. Age at last birthday 40 (years)	18. Color or race that 19. Age at last birthday 35 (years)
13. Birthplace (city or place)	20. Birthplace (city or place)
(State or country)    14. Trade, profession, or particular	(State or country) (auce of mining
kind of work done, as farmer, James	of work done, as housekeeper, typist, nurse, clerk, etc.
14. Trade, profession, or particular kind of work done, as farmer, for bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.	21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living	11
24. If stillborn, period of gestation { months or weeks   25. Cause of stillbirth	Before Labor
26. Was 1% silver nitrate used to prevent infant blindness? Yes) No	
I hereby certify that I attended the birth of this child, who on the date above stated, and that the above facts as given	Was Born Alive or Born Dead)
are true to the best of my knowledge, information and belief.  *When there was no attending physician or mid- wife, then the father, householder, etc., must make  (Signature)	PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
(this return. ) Date	(Cross out words which do not apply)  Address
Given name added from a supple-	Mas Backers
mental report , 19 Filed	23 , 19 4/ Address Propertor REGISTRAR

CERTIFICATE OF BIRTH  TOWNShip of London 1992  Reg. District No. No. in Registration Book.  (It was maken to be filled in socy by local register or an absorption of the absor	PLACE OF BIRTH	THE STATE OF MINNESOTA Division of Vital Statistics
Village of City of No.  CITY of No.  CHIffith occarrol in a hoppind of instruction, gives in XAME instead of gent and minimal by Programment in application of the control	1. County of	CERTIFICATE OF BIRTH
City of Child Country of History Transmit is copitable and the country of the NAME is not all control of the country of the NAME is not all country of the	or Reg. District No	
## College Princy   Frein Freing   Freing Freing   Freing Freing   Freing Freing   F	or	
PRINT OPRINT  For a company of the control of the c	OF CHILD Eugene David Ber	If child is not yet named, make
ORINT PATHER  1. Residence could also of a boad of the control of	Sirths births	birth the state of
Andrews and a state of the control o	T. A. WAYNES	(PRINT) MOTHER
(If nonreadent, dive place and State)  (If no are race)  (I. Color or race)  (I. Age in last birthday \$\frac{1}{2}\$ (years)  (I. Burthplace city or place)  (I. Age in last birthday \$\frac{1}{2}\$ (years)  (I. Age in last bi		maiden
15. Hertphace (city or planed)  16. Read profession, or particular high (State or country)  17. Trade, profession, or particular high (State or country)  18. Healthern, etc.  18. Trade, profession, or particular high (State or country)  18. Healthern, etc.  18. Trade, profession, or particular high (State or country)  18. Healthern, etc.  18. Trade, profession, or particular high (State or country)  18. Healthern, etc.  18. Trade, profession, or particular high (State or country)  18. Healthern, etc.  18. Trade, profession, or particular high (State or country)  18. Healthern, etc.  18. Trade, profession, or particular high (State or country)  18. Healthern, etc.  18. Trade, profession, or particular high (State or country)  18. Healthern, etc.  18. Trade, profession, or particular high (State or country)  18. Healthern, etc.  18. Trade, profession, etc.  18. Healthern, etc.  18	10. Residence (usual place of abode)  (If nonresident, give place and State)	17. Residence (usual place of abode) (If nonresident, give place and State)
Signature   Sign		18. Color or race 19. Age at last birthday 30 (years)
Signature   Country of Minnesotra   Signature   Sign	13. Birthplace (city or place)	
28. Number of children of this neither child (a) Born alive and now living the child (b) (b) Born alive but now dead (c) Stillborn period of general between the children of the child (a) Born alive and now living the children of the child		Van Amerikaanse van de
28. Number of children of this neither child (a) Born alive and now living the child (b) (b) Born alive but now dead (c) Stillborn period of general between the children of the child (a) Born alive and now living the children of the child	bookkeeper, etc.	typist, nurse, clerk, etc.
At time of this birth and industing this child) of all Born allive and now Iring period of gestation  ments period of gestation	- Jointe, bank, etc.	work was done, as own home, lawyer's office, factory, etc.
26. Was 1° silver alreate used to prevent infant bilindness? Yes No  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  I hereby certify that I attended the birth of this child, who was the date above stated, and that the above facts as given are true to the best of my knowledge, information and helief.  (Signature)  Given name added from a supplemental report.  PLACE OF BIRTH  COUNTY of Minnesotta Physician or mid-the return.  Filed Minnesotta Physician or mid-the return.  Given name added from a supplemental report.  PLACE OF BIRTH  THE STATE OF MINNESOTA  Division of Viral Statistics.  CERTIFICATE OF BIRTH  COUNTY of Minnesotta Physician or bid-the return.  (Signature)  Date.  Signature  CERTIFICATE OF BIRTH  THE STATE OF MINNESOTA  Division of Viral Statistics.  CERTIFICATE OF BIRTH  THE STATE OF MINNESOTA  Division of Viral Statistics.  CERTIFICATE OF BIRTH  THE STATE OF MINNESOTA  Division of Viral Statistics.  CERTIFICATE OF BIRTH  THE STATE OF MINNESOTA  Division of Viral Statistics.  CERTIFICATE OF BIRTH  THE STATE OF MINNESOTA  Division of Viral Statistics.  Ward)  If plural 14. Twin, triplet, or other  Fill of Minnesotta or birthin in only by local registers or his depair)  Ward)  The statistics of the statis	(At time of this birth and including this child) (a) Born alive and now living	g (b) Both anve but now dead (c) Stimboth
Thereby certify that I attended the birth of this child, who was contending physician or mid- are true to the best of my knowledge, information and belief.		
Thereby certify that I attended the birth of this child, who was on the date above stated, and that the above fates as given are true to the best of my knowledge, information and belief.  (Signature)  FITS(CIAN, MILDWITE, PARLYNT OR FORMANT O	26. Was 1% silver nitrate used to prevent infant blindness? Yes -No.	0
Find there was no attending physician or mid- this return.  Given name added from a supple- mental report	I hereby certify that I attended the birth of this child, who on the date above stated, and that the above facts as given	was Bornshue at 5 30 AM.
Signature  PLACE OF BIRTH  1. County of Cive name added from a supplemental report  1. County of Cive of the supplemental report  1. County of Cive of the supplemental report  1. County of Cive of the supplemental report  1. County of Cive of Cive of the supplemental report  1. County of Cive of Cive of the supplemental report  1. County of Cive of Cive of the supplemental report of the supplemen	(Signature)	David Driver MANT
PLACE OF BIRTH  1. County of Place of Place of Education Book  1. County of Place of Place of Education Book  1. County of Place of Place of Education Book  1. County of Place of Place of Place of Birth  1. County of Place of Place of Place of Birth  1. County of Place of Birth  1. County of Place of Birth  1. County of Place of Place of Birth  1. County of Place o	wife, then the father, householder, etc., must make this return.	(Cross out words which do not apply)
PLACE OF BIRTH  1. County of County	Given name added from a supple-	Mes to all
PLACE OF BIRTH  TOWNShip of Post of Po	. Mea	REGISTRAR
Village of City of Cit	1. County of Mille Ties	Division of Vital Statistics
City of City o	or Reg. District No	
2. FULL NAME OF CHILD  (Please PRINT names in capitals)  3. Sex  If plural 4. Twin, triplet, or other birth 5. Number, in order of birth FATHER  9. Full term 10. Residence (usual place of abode) (If nonresident, give place and State)  11. Color or race 12. Age at last birthday  12. Age at last birthday  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  26. Was 1% silver nitrate used to prevent infant blindness?  27. Legiti matter  (PRINT)  18. Color or race  19. Age at last birthday  (years)  20. Birthplace (city or place) (State or country)  (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, etc.  22. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child)  24. If stillborn, period of gestation  25. Cause of stillbirth  26. Was 1% silver nitrate used to prevent infant blindness?  27. Legiti matter  (PRINT)  (	or	
Dirths   S. Number, in order of birth   Full term   matter   Dirths   S. Number in order of birth   Full term   matter   Dirths   MOTHER	2. FULL NAME Davien Christiana	urred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make
(PRINT)  9. Full mander  10. Residence (usual place of abode) (If nonresident, give place and State)  11. Color or race  12. Age at last birthday  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work dome, as farmer, bookkeeper, retr.  15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child)  24. If stillborn, period of gestation  26. Was 1% silver nitrate used to prevent infant blindness? Yes  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFF  I hereby certify that I attended the birth of this child, who was on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.  (Signature)  (Signature)  (PRINT)  16. Full maiden name  (PRINT)  16. Full maiden  (PRINT)  16. Full maiden  (PRINT)  16. Full maiden  (PRINT)  16. Full maiden  (If nonresident, give place and State)  (If nonresid	births births	birth 19
10. Reaidence (usual place of abode) (If nonresident, give place and State)  11. Color or race  12. Age at last birthday (years)  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular shookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living  24. If stillborn, period of gestation  26. Was 1% silver nitrate used to prevent infant blindness? Yes  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  I hereby certify that I attended the birth of this child, who was on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.  (Signature)  Signature  17. Residence (usual place of abode) (If nonresident, give place (usual place of abode) (If nonresident, give place of abode) (If nonresident, give place and State)  (State or country)  20. Birthplace (city or place) (Signature)  21. Trade, profession, or particular kind of over done, as factory, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living  (b) Born alive but now dead  (c) Stillborn  (c) Stillborn  (c) Stillborn  (c) Stillborn  (d) Before Labor  (c) Stillborn  (d) Before Labor  (c) Stillborn  (d) Before Labor  (d) Before Labor  (e) Stillborn  (e) Stillborn  (f) Now was done, as own home, lawyer's office, factory, etc.  (e) Stillborn  (f) Now was done, as own home, lawyer's office, factory, etc.  (e) Stillborn  (f) All of the profession, or particular kind of over done, so housekeeper, lawyer of the law	TO A PROVINCE	
11. Color or race  12. Age at last birthday  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work was dene, as factory, office, bank, etc.  15. Industry or business in which work was dene, as factory, office, bank, etc.  24. If stillborn, period of gestation  15. Cause of stillbirth  16. Color or race  17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday  19. Age at last birthday  10. Wears)  18. Color or race  19. Age at last birthday  19. Age at last birthday  10. Wears)  18. Color or race  19. Age at last birthday  10. State or country  10. Millowing kind of work done, as housekeeper, typist, nurse, clerk, etc.  15. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  26. Was 1% silver nitrate used to prevent infant blindness? Yes  1 hereby certify that I attended the birth of this child, who was on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief (Signature)  10. Residence (usual place of abode) (If nonresident, give place and State)  19. Age at last birthday  10. Before Labor  10. State or country  10. Before Labor  11. Tesidleon, give place, side, on particular kind  10. of work done, as housekeeper, typist, nurse, clerk, etc.  10. Hindury or business in which work was done, as onn home, lawyer's office, fact, etc.  10. Birthplace (city or place)  (State or country)  10. Before Labor  11. Tesidleon.  12. All still birthday  12. Cartillary in the day of w		maiden /
20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as farmer bookkeeper, etc.  22. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn (at time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn (c) Stillborn (d) Before Labor (d) During Labor  26. Was 1% silver nitrate used to prevent infant blindness? Yes  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  I hereby certify that I attended the birth of this child, who was (attending physician or midwife, then the father, householder, etc., must make) this return.  Given name added from a supple-  (Signature)  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as founce, as own home, fawyer's office, factory, etc.  22. Industry or business in which work was done, as founce, as own home, fawyer's office, factory, etc.  23. Number of children of this mother (at time of this child, who was office, factory, etc.  24. If stillborn, period of gestation { Before Labor (During Labor (D) During Labo	10. Residence (usual place of abode)	17. Residence (usual place of abode)
20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as farmer bookkeeper, etc.  22. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn (at time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn (c) Stillborn (d) Before Labor (d) During Labor  26. Was 1% silver nitrate used to prevent infant blindness? Yes  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  I hereby certify that I attended the birth of this child, who was (attending physician or midwife, then the father, householder, etc., must make) this return.  Given name added from a supple-  (Signature)  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as founce, as own home, fawyer's office, factory, etc.  22. Industry or business in which work was done, as founce, as own home, fawyer's office, factory, etc.  23. Number of children of this mother (at time of this child, who was office, factory, etc.  24. If stillborn, period of gestation { Before Labor (During Labor (D) During Labo	11 Color or race W 12 Ada at last histoday 6 4 (wasse)	10 Cl W 10 11 11 3/4
State or country   State or co	D D D	0 101
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living  24. If stillborn, period of gestation  25. Cause of stillbirth  26. Was 1% silver nitrate used to prevent infant blindness?  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  I hereby certify that I attended the birth of this child, who was on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief  *When there was no attending physician or midwife, then the father, householder, etc., must make this return.  Cisignature  Date  Address  REGISTRAR	(State or country)	(State or country)
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living  24. If stillborn, period of gestation  25. Cause of stillbirth  26. Was 1% silver nitrate used to prevent infant blindness?  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  I hereby certify that I attended the birth of this child, who was on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief  *When there was no attending physician or midwife, then the father, householder, etc., must make this return.  Cisignature  Date  Address  REGISTRAR	kind of work done, as farmer,	of work done, as housekeeper, typist, nurse, clerk, etc.
(At time of this birth and including this child)  (a) Born alive and now living  (b) Born alive but now dead  (c) Stillborn  (d) Born alive but now dead  (d) Stillborn  (e) Stillborn  (f) Before Labor  (f) During Labor  26. Was 1% silver nitrate used to prevent infant blindness? Yes  (f) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  I hereby certify that I attended the birth of this child, who was on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief  (Signature)  (Signature)  (Signature)  PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)  Date  Address  REGISTRAR	15. Industry or business in which work was done, as factory, office, bank, etc.	22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
26. Was 1% silver nitrate used to prevent infant blindness? Yes  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  I hereby certify that I attended the birth of this child, who was on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief  (*When there was no attending physician or midwife, then the father, householder, etc., must make this return.  Given name added from a supple-  (Signature)  During Labor  During Labor  (Born Alive or Born Dead)  PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)  Date	23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living	(c) Stillborn 6
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  I hereby certify that I attended the birth of this child, who was on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.  *When there was no attending physician or midwife, then the father, householder, etc., must make this return.    Wife, then the father, householder, etc., must make this return.   Date		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  I hereby certify that I attended the birth of this child, who was on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief  *When there was no attending physician or midwife, then the father, householder, etc., must make this return.  Given name added from a supple-  (Signature)  Date  Address  REGISTRAR	26. Was 1% silver nitrate used to prevent infant blindness? Yes	
\{\text{when there was no attending physician or mid-wife, then the father, householder, etc., must make this return.}\} \( \text{Signature} \) \( \text{Signature} \) \( \text{Signature} \) \( \text{PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)} \) \( \text{Date} \) \( \text{Address} \) \( \text{Signature} \) \( \text{Signature} \) \( \text{Signature} \) \( \text{REGISTRAR} \)	I hereby certify that I attended the birth of this child, who on the date above stated, and that the above facts as given	was Gornalue at 9 M.,
Given name added from a supple-  (Signature)  Address  REGISTRAR	*When there was no attending physician or mid- wife, then the father, householder, etc., must make }	PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)
REGISTRAR	Given name added from a supple-	Address
		- 71 WI REGISTRAR

PLACE OF BIRTH	THE STATE OF MINNESOTA
1. County of Alle dans	Division of Vital Statistics  CERTIFICATE OF BIRTH
Township of Reg. District N	9991
Village of	(Above numbers to be filled in only by local registrar or his deputy)
2. FULL NAME OF CHILD Please PRINT names in capitals	Y Ne Pice If child is not yet named, make supplemental report as directed.
3. Sex   If plural 4. Twin, triplet, or other 70 6. Premate births 5. Number, in order of birth Full term	birth 1901
9. Full name Stephen Pice	16. Full maiden Margart allught
10. Residence (usual place of abode) (If nonresident, give place and State)	17. Residence (usual place of abode) (If nonresident, give place and State)
11. Color or race White 12. Age at last birthday 2 (years)	18. Color or race White 19. Age at last birthday / (years
13. Birthplace (city or place)	20. Birthplace (city or place)
1000000	
kind of work done, as farmer, bookkeeper, etc.	of work done, as housekeeper, typist, nurse, clerk, etc.
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.	21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now livin	
24. If stillborn, months or weeks 25. Cause of stillbirth	Before Labor During Labor
26. Was 1% silver nitrate used to prevent infant blindness? Yes N	o.
0.1	(Born Alive or Born Dead)  PHYSICIAN, MIDWIFE, PARENT OR UNFORMANT (Cross out words which do not apply)  Address  REGISTRAR  19 4 Address
or	Division of Vital Statistics  CERTIFICATE OF BIRTH  D. No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy)  St.;  Ward)  urred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME OF CHILD (Please PRINT names in capitals)	urred in a hospital or institution, give its NAME instead of street and number)    Street and number   Str
3. Sex If plural 4. Twin, triplet, or other 10 6. Prematu births 5. Number, in order of birth Full term  (PRINT) FATHER  9. Full hame	birth (Month, day, year)  (PRINT)  16. Full maiden (Month, day, year)
10. Residence (usual place of abode) (If nonresident, give place and State)	
The state of the s	17. Residence (usual place of abode)  (If popularident dive place and State)
11. Color or race W. 12. Age at last birthday 25 (years)	17. Residence (usual place of abode) (If nonresident, give place and State)
11. Color or race W. 12. Age at last birthday 25 (years)  13. Birthplace (city or place) Manusata	17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday 20 (years)  20. Birthplace (city or place)
13. Birthplace (city or place) Myssata (State or country)	17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday 20 (years)  20. Birthplace (city or place) (State or country)
13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory,	17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday 2 (years)  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home,
13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother	17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday 2 (years)  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.
13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.	17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday 2 (years)  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  2 (b) Born alive but now dead (c) Stillborn
13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living the country of this birth and including this child).	17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday 7 (years)  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  24. (b) Born alive but now dead  (c) Stillborn  Before Labor  During Labor
13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living the country of th	17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday 2 (years)  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  22. (b) Born alive but now dead (c) Stillborn  Before Labor During Labor  OG PHYSICIAN OR MIDWIFE*
13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now livin  24. If stillborn, period of gestation { months or weeks   25. Cause of stillbirth    26. Was 1% silver nitrate used to prevent infant blindness? Yes   CERTIFICATE OF ATTENDIN    I hereby certify that I attended the birth of this child, who	17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday (years)  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  23. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  24. (b) Born alive but now dead  25. Birthplace (city or place) (State or country)  26. Country  27. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  28. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  29. (b) Born alive but now dead  20. Stillborn  21. Before Labor During Labor  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  24. (c) Stillborn  25. Birthplace (city or place) (years)  26. Color or race  27. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  28. (b) Born alive but now dead  29. (c) Stillborn  20. Birthplace (city or place) (years)  20. Age at last birthday (years)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  29. (b) Born alive but now dead  20. Stillborn  20. Birthplace (city or place) (years)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  29. (b) Born alive but now dead  20. Stillborn  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  29. (b) Born alive but now dead  20. Stillborn  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was do
13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.  23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living the control of gestation and belief the control of the control	17. Residence (usual place of abode) (If nonresident, give place and State)  18. Color or race  19. Age at last birthday (years)  20. Birthplace (city or place) (State or country)  21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.  24. (b) Born alive but now dead  25. (c) Stillborn  26. (d) Before Labor During Labor  27. (Eorn Alive or Born Dead)  28. (Born Alive or Born Dead)  29. (C) Stillborn  20. (d) PHYSICIAN OR MIDWIFE* (C) Was at a many many many many many many many ma

PLACE OF BIRTH  1. County of Agency Agency Township of Page 25		THE STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF BIRTH	
Township of Turbus Village Of	Reg. District No	No. in Registration Book	
or City of		, St.;	
2. FULL NAME Adding OF CHILD (Please PRINT of mes in cap	Nouce T	urred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.	
3. Sex If plural 4. Twin, triplet, or other	er6. Prematu	re 7. Legiti-	
(PRINT) (5. Number, in order of	birth Full term		
9. Full Dewey Bass	2	16. Full maiden Wera Snow	
10. Residence (usual place of abode) (If nonresident, give place and State)		17. Residence (usual place of abode) (If nonresident, give place and State)	
11. Color or race 12. Age at last	birthday 36 (years)	18. Color or race 19. Age at last birthday 2 (years)	
13. Birthplace (city or place) (State or country)	rection	20. Birthplace (city or place) M. Dah	
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.	a men	21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.		21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.	
23. Number of children of this mother (At time of this birth and including this child) (a	) Born alive and now livin		
24. If stillborn, \( \) months	5. Cause of stillbirth	Before Labor	
		(During Labor	
26. Was 1% silver nitrate used to prevent infant b		NG PHYSICIAN OR MIDWIFE*	
I hereby certify that I attended the bi on the date above stated, and that the ab	oove facts as given	) wasatM.,	
are true to the best of my knowledge, info ( *When there was no attending physician or mid-)	ormation and belief. (Signature)	PHYSICIAN, MIDWIFE, PARENT OR INFORMANT	
wife, then the father, householder, etc., must make this return.	Date 3	(Cross out words which do not apply)  Address.	
Given name added from a supple-		Men thouland	
mental report, 19	Filed Filed	, 19.44 Address	
PLACE OF BIRTH  1. County of  Township of  Village of  or City of  2. FULL NAME OF CHILD  (Please PRINT names in cap	(No. (Hbirth occu	THE STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF BIRTH  No. in Registration Book Above numbers to be filled in only by local registrar or his deputy)  Treed in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report as directed.	
3. Sex If plural 4. Twin, triplet, or other births		birth 1972	
(PRINT) (5. Number, in order of the state of	birth   Full term	(PRINT) MOTHER	
9. Full Oncar Jus	latron	16. Full maiden Harrie Oliver	
10. Residence (usual place of abode) (If nonresident, give place and State)	beton	17. Residence (usual place of abode) (If nonresident, give place and State)	
11. Color or race 12. Age at last b	birthday 4/ (years)	18. Color or race 19. Age at last birthda 36 (years)	
13. Birthplace (city or place) (State or country)	i Zi.	20. Birthplace (city or place) (State or country)	
		1,000,000	
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, bank, etc.	mer	21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  22. Industry or business in which work was done, as own home, lawyer's office, factory, etc.	
23. Number of children of this mother (At time of this birth and including this child) (a)	N. P	4	
24. If stillborn, { months	. Cause of stillbirth	(b) Born alive but now dead (c) Stillborn  Before Labor	
26. Was 1% silver nitrate used to prevent infant b	olindness? Yes No	(During Labor	
CERTIFI	CATE OF ATTENDIN	G PHYSICIAN OR MIDWIFE*	
I hereby certify that I attended the bi on the date above stated, and that the ab- are true to the best of my knowledge, info	ove facts as given	was at M., (Born Alive or Born Dead)	
*When there was no attending physician or mid- wife, then the father, householder, etc., must make this return.	(Signature)	PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)	
Given name added from a supple-	Date	Address	
mental report, 19	(Signal	ture) REGISTRAR Address REGISTRAR	
-	, 1) Address factorial and the state of the		

1000		
	Mary 1	
	DUA:	
	<b>@</b> 13	
	1591	
PERM	esas nii:	
	1000	
Sec. of	OMB	
COLUMN	19520	
30000		
OF TAXABLE PARTY.		
275775	109 TO	
1000	1545	
PERMIT		
SHIPPING I	1554	
STREET, ST		
month.	201	
SECTION 1	15254: 111	
HEC.	BBH (11)	
COLD DE		
10.7000	3558A	
O 1004	TERM	
THE REAL PROPERTY.	2029	
1000		
400		
COST NAME OF THE OWNER, O	2002	
	9935	
	88	
	<b>18</b> 1	
	Townson .	

1. County of Malle Dace Township of Marketon		OF MINNESOTA Vital Statistics TE OF BIRTH	
Village of Reg. District	NoNo. (Above numbers to be filled in o	in Registration Book	***************************************
OF	occurred in a hospital or histitution	, St.; , give its NAME instead of street and m  If child is not yet supplemental repo	named, make
3. Sex If plural 4. Twin, triplet, or other 6. Prema	ture 7. Legiti-	8. Date of Man 1/	40
Jemale births 5. Number, in order of birth Full te	HO	birth (Month, day, year)	, 19
(PRINT) FATHER	(PRINT) 16. Full	MOTHER	
9. Full from Hislah	maiden well	m. Madelymetn	emark
(If nonresident, give place and State)	17. Residence (usual place (If nonresident, give)		
1. Color or race Mut 12. Age at last birthday 35 (year	s) 18. Color or race	to 19. Age at last birthday	37 (years)
13. Birthplace (city or place)	20. Birthplace (city or pla		*
(State or country)  14. Trade, profession, or particular kind of work done, as farmer,	(State or country)	, or particular kind	m
bookkeeper, etc.	of work done, as i	k, etc.	Le
5. Industry or business in which work was done, as factory, office, bank, etc.	21. Trade, profession of work done, as I typist, nurse, cler 22. Industry or busin work was done, a lawyer's office, fa	s own home,	
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now live	ing 6 (b) Born	alive but now dead (c) S	tillborn
24. If stillborn, period of gestation { months or weeks   25. Cause of stillbirth		Before Labor	
24 Was 80% allows altered a manufactured blinds and Var	S+1	(During Labor	
26. Was 1% silver nitrate used to prevent infant blindness? Yes —  CERTIFICATE OF ATTEND	No. ING PHYSICIAN OR M	IDWIFE*	
I hereby certify that I attended the birth of this child, w on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief		die at 82	' <b>Д</b> м.,
*When there was no attending physician or mid- wife, then the father, householder, etc., must make }	PHYSICIAN, MI	DWIFE PARENT OR INFORMANT words which do not apply)	
this return. Date Date	10 1100	Idress Panyl	~
Given name added from a supple-	nature) Leo	Torchard	GISTRAR
	, 17	Address	
PLACE OF BIRTH		OF MINNESOTA	
	THE STATE Of Division of	OF MINNESOTA Vital Statistics	
I. County of	THE STATE ( Division of CERTIFICA	OF MINNESOTA Vital Statistics TE OF BIRTH	
Township of Reg. District	THE STATE ( Division of CERTIFICA  NoNo. (Above numbers to be filled in o	OF MINNESOTA Vital Statistics TE OF BIRTH in Registration Book	
Township of Reg. District   Village of (No. (If birth o	THE STATE ( Division of CERTIFICA  NoNo. (Above numbers to be filled in o	OF MINNESOTA Vital Statistics TE OF BIRTH in Registration Book	
Township of Reg. District	THE STATE ( Division of CERTIFICA  No. No. No. (Above numbers to be filled in o	OF MINNESOTA  Vital Statistics TE OF BIRTH  in Registration Book	Ward)
Township of	THE STATE ( Division of CERTIFICA  No. No. No. (Above numbers to be filled in o	OF MINNESOTA  Vital Statistics TE OF BIRTH  in Registration Book	Ward) mber) named, make rt as directed.
Township of Reg. District 1  Village of (No. (If birth of CHILD)  FULL NAME  OF CHILD (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other births  5. Number, in order of birth Full ter	THE STATE ( Division of CERTIFICA No	OF MINNESOTA  Vital Statistics TE OF BIRTH  in Registration Book	Ward) mber) named, make rt as directed.
County of	THE STATE ( Division of CERTIFICA  No. No. No. No. (Above numbers to be filled in or courred in a hospital or institution ture 7. Legitima mate?  (PRINT)  16. Full maiden	OF MINNESOTA  Vital Statistics TE OF BIRTH  in Registration Book	Ward) mber) named, make rt as directed.
County of	THE STATE ( Division of CERTIFICA  No. No. No. (Above numbers to be filled in or coursed in a hospital or institution  ture 7. Legitimate?  (PRINT)  16. Full maiden name	OF MINNESOTA  Vital Statistics TE OF BIRTH  in Registration Book	Ward) mber) named, make rt as directed.
Township of Reg. District I Village of (No. (If birth of City of (No. (If birth of CHILD (Please PRINT names in capitals)  3. Sex	THE STATE ( Division of CERTIFICA  No. No. No. (Above numbers to be filled in or coursed in a hospital or institution  ture 7. Legitimate?  (PRINT)  16. Full maiden name  17. Residence (usual place (If nonresident, give parts)	OF MINNESOTA Vital Statistics TE OF BIRTH  in Registration Book	Ward) mber) named, make rt as directed.
Township of Reg. District I Village of (No. (If birth of City of (No. (If birth of CHILD (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other form of the plural births 5. Number, in order of birth FATHER  9. Full name  0. Residence (usual place of abode) (if nonresident, give place and State)  1. Color or race 12. Age at last birthday (years 3. Birthplace (city or place)	THE STATE ( Division of CERTIFICA  No. No. No. No. (Above numbers to be filled in or coursed in a hospital or institution  ture 7. Legitimate?  (PRINT)  16. Full maiden name  17. Residence (usual place (If nonresident, give pub)  18. Color or race	OF MINNESOTA  Vital Statistics TE OF BIRTH  in Registration Book	Ward) mber) named, make rt as directed.
Township of Reg. District 1  Village of (No. (If birth of City of City of (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other form of the plural births 5. Number, in order of birth FATHER  9. Full name  0. Residence (usual place of abode) (if nonresident, give place and State)  1. Color or race 12. Age at last birthday (years 3. Birthplace (city or place) (State or country)	THE STATE ( Division of CERTIFICA  No. No. No. No. (Above numbers to be filled in or coursed in a hospital or institution  ture 7. Legitimate?  (PRINT)  16. Full maiden name  17. Residence (usual place (If nonresident, give pure filled)  18. Color or race  20. Birthplace (city or place (State or country)	OF MINNESOTA  Vital Statistics  TE OF BIRTH  in Registration Book	Ward) mber) named, make rt as directed.
Township of Reg. District 1  Village of (No. (If birth of City of City of (Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other form of the plural births 5. Number, in order of birth FATHER  9. Full name  0. Residence (usual place of abode) (if nonresident, give place and State)  1. Color or race 12. Age at last birthday (years 3. Birthplace (city or place) (State or country)	THE STATE ( Division of CERTIFICA  No. No. No. No. (Above numbers to be filled in or coursed in a hospital or institution  ture 7. Legitimate?  (PRINT)  16. Full maiden name  17. Residence (usual place (If nonresident, give pure filled)  18. Color or race  20. Birthplace (city or place (State or country)	OF MINNESOTA  Vital Statistics  TE OF BIRTH  in Registration Book	Ward) mber) named, make rt as directed.
Township of Reg. District 1  Village of (No. (If birth of City of City of (No. (If birth of CHILD)  Please PRINT names in capitals)  3. Sex If plural 4. Twin, triplet, or other form Full terms of Capitals  5. Number, in order of birth FATHER  9. Full name  0. Residence (usual place of abode) (If nonresident, give place and State)  1. Color or race 12. Age at last birthday (years of State or country)	THE STATE ( Division of CERTIFICA  No. No. No. (Above numbers to be filled in or coursed in a hospital or institution  Ture 7. Legitimate?  (PRINT)  16. Full maiden name  17. Residence (usual place (If nonresident, give place)  (State or country)  20. Birthplace (city or place) (State or country)  21. Trade, profession, of work done, as be typist, nurse, cier  12. Industry or busin work was done, as work was done, as of typist, nurse, cier	OF MINNESOTA  Vital Statistics TE OF BIRTH  in Registration Book	Ward) mber) named, make rt as directed.
Township of Reg. District   Village of (No. (If birth of the plural of t	THE STATE ( Division of CERTIFICA  No. No. No. No. (Above numbers to be filled in or coursed in a hospital or institution  ture 7. Legitimate?  (PRINT)  16. Full maiden name  17. Residence (usual place (If nonresident, give place)  (State or country)  21. Trade, profession, of work done, as he typist, nurse, cler  22. Industry or busin work was done, as lawyer's office, face	OF MINNESOTA  Vital Statistics TE OF BIRTH  in Registration Book	Ward) mber) named, make rt as directed. , 19
Township of Reg. District I Village of (No. (If birth of City of (No. (If birth of City of (No. (If birth of Children of this mother (At time of this birth and including this child)  Township of Reg. District I Reg. District I Village of City of (No. (If birth of City o	THE STATE ( Division of CERTIFICA  No. No. No. No. (Above numbers to be filled in or coursed in a hospital or institution  ture 7. Legitimate?  (PRINT)  16. Full maiden name  17. Residence (usual place (If nonresident, give place)  (State or country)  21. Trade, profession, of work done, as he typist, nurse, cler  22. Industry or busin work was done, as lawyer's office, face	OF MINNESOTA  Vital Statistics TE OF BIRTH  in Registration Book	Ward) mber) named, make rt as directed.  (years)
Township of	THE STATE ( Division of CERTIFICA  No. No. No. No. (Above numbers to be filled in or coursed in a hospital or institution  ture 7. Legitimate?  (PRINT)  16. Full maiden name  17. Residence (usual place (If nonresident, give place)  (State or country)  21. Trade, profession, of work done, as he typist, nurse, cler  22. Industry or busin work was done, as lawyer's office, face	OF MINNESOTA  Vital Statistics TE OF BIRTH  in Registration Book	Ward) mber) named, make rt as directed.  (years)
Township of	THE STATE ( Division of CERTIFICA  No. No. No. No. (Above numbers to be filled in or coursed in a hospital or institution mate?  The state of the filled in or coursed in a hospital or institution mate?  The state of the filled in or course of the fill maiden name  17. Residence (usual place (if nonresident, give place (if nonresident, give place)  18. Color or race  20. Birthplace (city or place) (State or country)  No. (21. Trade, profession, of work done, as hypist, nurse, clered and work was done, as lawyer's office, factors)  No. No. No. No. (Above numbers to be filled in or course)	OF MINNESOTA  Vital Statistics  TE OF BIRTH  in Registration Book	Ward) mber) named, make rt as directed.  (years)
Township of rough of this mother thing of country of rough of the particular kinds do nor so the particular kinds for each of this birth and including this child)  If stillborn, period of gestation retrue to the best of my knowledge, information and belief.  Township of rough of this mother the period of gesta given retrue to the best of my knowledge, information and belief.  Reg. District of Reg. District of Reg. District of No. (If birth of this child, wind the post of the post o	THE STATE ( Division of CERTIFICA  No. No. No. No. (Above numbers to be filled in or coursed in a hospital or institution mate?  The state of the filled in or coursed in a hospital or institution mate?  (PRINT)  16. Full maiden name  17. Residence (usual place (If nonresident, give public for work done, as hopping, nurse, cler typist, nurse, cler country)  No. 21. Trade, profession of work done, as hopping, nurse, cler typist, nurse, cler country or busin work was done, as lawyer's office, factoric for the first country or busin work was done, as lawyer's office, factoric for the first country or busin work was done, as lawyer's office, factoric for the first country or busin work was done, as lawyer's office, factoric for the first country or busin work was done, as lawyer's office, factoric for the first country or busin work was done, as lawyer's office, factoric for the first country or busin work was done, as lawyer's office, factoric for the first country or busin work was done, as lawyer's office, factoric for the first country or busin work was done, as lawyer's office, factoric for the first country or busin work was done, as lawyer's office, factoric for the first country or busin work was done, as lawyer's office, factoric for the first country or the first country or busin work was done, as lawyer's office, factoric for the first country or busin work was done, as lawyer's office, factoric for the first country or busin work was done, as lawyer's office, factoric for the first country or busin work was done, as lawyer's office, factoric for the first country or busin work was done, as lawyer's office, factoric for the first country or busin work was done, as lawyer's office, factoric for the first country or busin work was done, as lawyer's office, factoric for the first country or busin work was done, as lawyer's office, factoric for the first country or	OF MINNESOTA  Vital Statistics TE OF BIRTH  in Registration Book	Ward) mber) named, make rt as directed.  (years)
Township of	THE STATE ( Division of CERTIFICA  No. No. No. No. (Above numbers to be filled in or coursed in a hospital or institution mate?  The state of the filled in or coursed in a hospital or institution mate?  The state of the filled in or course of the filled in or mate?  (PRINT)  16. Full maiden name  17. Residence (usual place (if nonresident, give place (filled in or country))  18. Color or race  20. Birthplace (city or place (State or country))  19. Vive of the filled in or country of work done, as a typist, nurse, clered in the filled in or country of the filled in or country of the filled in or country or place or	OF MINNESOTA  Vital Statistics  TE OF BIRTH  in Registration Book	Ward) mber) mamed, make rt as directed.  (years)  tillborn  M.,
Township of	THE STATE ( Division of CERTIFICA  No. No. No. (Above numbers to be filled in or coursed in a hospital or institution mate?  The state of the filled in or coursed in a hospital or institution mate?  The state of the filled in or course of the fill maiden name  17. Residence (usual place (if nonresident, give place (if nonresident, give place)  18. Color or race  20. Birthplace (city or place) (State or country)  19. Trade, profession, of work done, as a typist, nurse, clered and ty	OF MINNESOTA  Vital Statistics TE OF BIRTH  in Registration Book	Ward) mber) named, make rt as directed.  (years)

PLACE OF BIRTH		7		OF MINNESOT	ra -	
County of			20.000,000,000,000	ATE OF BIRTH		
Township of	Reg. District No	)	No	. in Registration I	Book	*************
Village of	1 Description			only by local registrar or		Ward)
FULL NAME OF CHILD (Please PRINT names in capitals				on, give its NAME instea	f child is not yet na	med, make
. Sex If plural 4. Twin, triplet, or other	6. Prematu	го	7. Legiti-	8. Date of		
births (5. Number, in order of birth			a contraction	birth	onth, day, year)	, 19
(PRINT) FATHER Full name		16. F	RINT) ull aaiden ome	MOTHER		dia.
Residence (usual place of abode) (If nonresident, give place and State)		17. R	esidence (usual plac f nonresident, give	e of abode) place and State)		
. Color or race 12. Age at last birth	iday (wann)	10 0	olon on moo	10 Asset	and block don	(2100000)
Birthplace (city or place)	iday (years)		olor or race irthplace (city or pl	19. Age at la	ast birthday	(years)
(State or country)			(State or country)			
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.		ATIO	of work done, as typist, nurse, cle	n, or particular kind housekeeper, rk, etc.		
15. Industry or business in which work was done, as factory, office, bank, etc.		OCCUPATION	<ol> <li>Industry or busi work was done, a lawyer's office, f</li> </ol>	as own home,		
. Number of children of this mother (At time of this birth and including this child) (a) Boo	rn alive and now living	9	(b) Born	alive but now dead	(c) Stil	lborn
. If stillborn, for weeks 25. Ca	use of stillbirth			{	Before Labor	
				(	During Labor	
6. Was 1% silver nitrate used to prevent infant blind	ness? Yes No TE OF ATTENDIN		WOLGENY OF A	(IDWITTER)		
Given name added from a supplemental report, 19	(Signa	ture)	******************	Address	REGI	STRAR
PLACE OF BIRTH  County of  Township of  Village of  or  City of  FULL NAME  OF CHILD  (Please PRINT names in capitals	(No(If birth occu	Above n	Division of CERTIFICATION OF THE PROPERTY OF T		his deputy) , St.;	Ward) per) med, make
Sex  If plural 4. Twin, triplet, or other 5. Number, in order of birth			7. Legiti-	8. Date of birth	onth, day, year)	, 19
(PRINT) FATHER  Full name	run term	16. Ft	RINT)	MOTHER	onth, day, year)	
. Residence (usual place of abode) (If nonresident, give place and State)		17. R	esidence (usual place f nonresident, give	e of abode) place and State)		
. Color or race 12. Age at last birth	day (years)	18. C	olor or race	19. Age at la	ast birthday	(years)
Birthplace (city or place)		20. B	irthplace (city or pla		•	
(State or country)  14. Trade, profession, or particular		Part of the last	(State or country) . Trade, profession	n, or particular kind housekeeper,		
kind of work done, as farmer, bookkeeper, etc.		PATIC	typist, nurse, cle	rk, etc.		
15. Industry or business in which work was done, as factory, office, bank, etc.		VOLLA TION	. Industry or busing work was done, a lawyer's office, fa	s own home,		
Number of children of this mother (At time of this birth and including this child) (a) Bor	n alive and to t	1000	A 200		7. 5.4	hore
(At time of this birth and including this child) (a) Bor.  If stillborn, (months	in anye and now living		(b) Born	alive but now dead	(c) Still Before Labor	
	use of stillbirth			)	During Labor	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(Signature).....

Date.....

(Born Alive or Born Dead)

PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
(Cross out words which do not apply)

Address.

...., 19...... Address.....

REGISTRAR

\*When there was no attending physician or midwife, then the father, householder, etc., must make this return.

Given name added from a supple-

mental report......, 19....... Filed.....

	PLACE OF BII						OF MINNE	SUIA	
	of ip of						CATE OF BIRT		
Village o	of			Reg. District No	(Above n	N imbers to be filled in	o. in Registrati	on Book rar or his deputy)	***************************************
OF				(No(If hirth occ	urrod in a	hoenital or institut	ion give its NAME	, St.;instead of street and nur	Ward)
2. FULL N OF CHI		INT names in						If child is not yet in supplemental report	amed make
3. Sex	If plural 4. Tw	in, triplet, or	other	6. Prematu	re	7. Legiti-	8. Date of		10
(PRINT)	(5. Nu	mber, in order FATHER	of birth	Full term	11	mate?	MOTHE	(Month, day, year)	, 19
9. Full name					16. Ft		WOIII		
10. Residence	e (usual place of abod sident, give place a	le) nd State)			17. Re	esidence (usual pla nonresident, giv	ce of abode) e place and State)	a	
11. Color or	race	12. Age at la	st birthda	y (years)	18. Co	olor or race	19. Age	e at last birthday	(years
13. Birthplac (State or	ce (city or place)				20. Bi	rthplace (city or p State or country)	olace)		
No 14. Trade kind o	e, profession, or par of work done, as far	ticular mer,				Trade, profession of work done, as	on, or particular k s housekeeper,	ind	
5 15. Indus	try or business in v was done, as factor	vhich			×   -	typist, nurse, cl	erk, etc. siness in which		
	bank, etc.				8	work was done, lawyer's office,	factory, etc.		
23. Number (At time	of children of this of this birth and inclu	mother iding this child)	(a) Born a	live and now livin	g	(b) Bor	n alive but now d	ead (c) St	illborn
24. If stillbor period of	rn, gestation	{ months or weeks	25. Cause	of stillbirth				Before Labor	
26. Was 1% s	silver nitrate used t	o prevent infa	nt blindnes	s? Yes No	0			(During Labor	
				OF ATTENDIN					
on the date	y certify that I a e above stated, a the best of my l	nd that the	above fac	ets as given on and belief.		(Born Alive	or Born Dead)	at	
*When the wife, then th	ere was no attending page father, householder,	ohysician or mid , etc., must mak	ē }	(Signature)		PHYSICIAN, M	MIDWIFE, PAREN ut words which do n	T OR INFORMANT oot apply)	
Given	name added fr	rom a supp		Date			Address		
mental ren	ort	10	1	(Signa Filed	ture)	10	Address	REG	ISTRAR
Townshi	of p of f		1	Reg. District No	Above nu	CERTIFIC	f Vital Statistics ATE OF BIRT  o. in Registrati only by local regist	on Book	
City of				(No(If birth occ	rred in a	hospital or instituti	on give its NAME i	, St.;	Ward)
2. FULL N. OF CHII		*************************						If child is not yetr supplemental report	amed, make
	1 (								
3. Sex	births )	in, triplet, or o mber, in order		6. Prematu		7. Legiti- mate?	8. Date of birth	(Month, day, year)	, 19
(PRINT) 9. Full name		FATHER	or Marca	T WII COIN	16. Fu	RINT)	MOTHE		
10. Residence	e (usual place of abod sident, give place ar	e) nd State)			17. Re	sidence (usual pla	ce of abode)		
				**************************************					
11. Color or 13. Birthplac	P. C.	12. Age at la	st birthday	(years)		lor or race		at last birthday	
(State or	country)	13. Birthplace (city or place) (State or country)			20. Birthplace (city or place) (State or country)   Z   21. Trade, profession, or particular kind				
kind o bookk	14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.  15. Industry or business in which work was done, as factory, office, hank etc.				(	rthplace (city or p State or country)	30.40.00 P.	ind	(years)
work v		mer,			(	rthplace (city or p State or country) Trade, profession of work done, as typist, nurse, cl	on, or particular k s housekeeper, erk, etc.	ind	(years)
once,	try or business in w was done, as factor bank, etc.	mer,			NOITA -	rthplace (city or p State or country) Trade, profession of work done, as	on, or particular k s housekeeper, erk, etc. iness in which	ind	(years
23. Number of	was done, as factor;	mer, which y, mother	(a) Born a	live and now living	OCCUPATION 222	rthplace (city or p State or country) Trade, professic of work done, as typist, nurse, cl Industry or bus work was done, lawyer's office,	on, or particular k s housekeeper, erk, etc. iness in which		(years)
23. Number of (At time of	was done, as factor, bank, etc. of children of this a of this birth and inclu	mer, which y, mother		live and now living	OCCUPATION 222	rthplace (city or p State or country) Trade, professic of work done, as typist, nurse, cl Industry or bus work was done, lawyer's office,	on, or particular k s housekeeper, erk, etc. iness in which as own home, factory, etc.		Ilborn
23. Number of (At time of 24. If stillbor period of 1	was done, as factor, bank, etc. of children of this a of this birth and inclu	mother ding this child)  { months or weeks	25. Cause	of stillbirth	OCCUPATION 222	rthplace (city or p State or country) Trade, professic of work done, as typist, nurse, cl Industry or bus work was done, lawyer's office,	on, or particular k s housekeeper, erk, etc. iness in which as own home, factory, etc.	ead (c) Sti	Ilborn
23. Number (At time of 24. If stillbor period of 126. Was 1%s	was done, as factor, bank, etc. of children of this of this birth and inclu rn, gestation	mother ding this child)  { months or weeks of prevent infar CERT ittended the nd that the	25. Cause at blindnes IFICATE birth of above fac	of stillbirth  s? Yes No  OF ATTENDIN  this child, who  ts as given	NO PHY	rthplace (city or particular profession of work done, as typist, nurse, cl. Industry or bus work was done, lawyer's office,  (b) Bor	on, or particular kes housekeeper, erk, etc. iness in which as own home, factory, etc.  n alive but now de	ead (c) Sti	llborn
23. Number of (Attime of 24. If stillbor period of 1)  26. Was 1%s  I hereby on the date are true to	was done, as factor bank, etc. of children of this of this birth and inclure, gestation allyer nitrate used to be compared to the compared to	mother ding this child)  {mother ding this child)  {mother ding this child)  {mother ding this child)  CERTICAL	25. Cause at blindness IFICATE birth of above facinformati	of stillbirth  s? Yes No  OF ATTENDIN  this child, who  ts as given  on and belief.  Signature)	NG PHY was	rthplace (city or particular property)  Trade, profession of work done, as typist, nurse, cl  Industry or bus work was done, lawyer's office,  (b) Bor  (SICIAN OR I)  (Born Alive)	on, or particular kes housekeeper, erk, etc. iness in which as own home, factory, etc.  n alive but now do MIDWIFE*  or Born Dead)	ead (c) Sti  Before Labor  During Labor  at  T OR INFORMANT of apply)	M.,
23. Number of (Attime of 24. If stillbor period of 126. Was 1%s  I hereby on the date are true to   *When they wife, then they this return.	was done, as factory bank, etc.  of children of this so of this birth and inclu rn, gestation  silver nitrate used to y certify that I a e above stated, a the best of my k	mother ding this child)  { mother ding this child)  { months or weeks  p prevent infar  CERT  attended the did that the knowledge, in the child that the knowledge, in the child that make the child that the knowledge, in the child the knowledge, in the child the knowledge, in the child the knowledge, in the knowledge, in the child the knowledge, in the kno	25. Cause at blindnes IFICATE birth of above fac informati	of stillbirth  s? Yes No  OF ATTENDIN this child, who ts as given on and belief. Signature)	NG PHY was	rthplace (city or particular property) Trade, profession of work done, as typist, nurse, class of work was done, lawyer's office,  (b) Bore (Born Alive)  PHYSICIAN, M. (Cross of the county)	on, or particular kes housekeeper, erk, etc. iness in which as own home, factory, etc.  n alive but now do MIDWIFE*  or Born Dead)  MIDWIFE, PAREN at words which do n	Before Labor  During Labor  at  T OR INFORMANT ot apply)	ilborn
23. Number (At time of 24. If stillbor period of 26. Was 1% s  I hereby on the date are true to (*When the this return.  Given	was done, as factory bank, etc.  of children of this of this birth and inclu rn, gestation  silver nitrate used to y certify that I a e above stated, a the best of my k re was no attending p e father, householder,	mer,  which y,  mother ding this child)  { months or weeks  perevent infar  CERT  attended the and that the knowledge, i  chysician or mid- etc., must make  om a supp	25. Cause at blindnes IFICATE birth of above fac informati	of stillbirth  s? Yes No  OF ATTENDIN  this child, who  ts as given on and belief.  Signature)  Date	I CONTROL OF THE CONT	rthplace (city or particular property) Trade, profession of work done, as typist, nurse, class work was done, lawyer's office,  (b) Bor  (Born Alive-  PHYSICIAN, M  (Cross or particular property)	on, or particular kes housekeeper, erk, etc. iness in which as own home, factory, etc.  n alive but now do MIDWIFE*  or Born Dead)  MIDWIFE, PAREN at words which do n	Before Labor  During Labor  at  T OR INFORMANT ot apply)	Ilborn M.,

1. County o	PLACE OF BIR				7		Vital Statistic	S	
Township	of	**************	Pod	District No			ATE OF BIR		
0.00	·							strar or his deputy)	
2. FULL NA								St.; Einstead of street and If child is not 3 supplemental re	vet named, make
3. Sex	If plural \( \) 4. Tw			T-		Laurence and	8. Date of		
		Name and Associated	of birth	Full term	UTT PROCES	mate?	140 (400) (400)	(Month, day, yea	, 19 <sub></sub>
9. Full name		FATHER			16. Ft		МОТН	JEK .	
10. Residence (If nonres	(usual place of abod ident, give place a	e) nd State)			17. Re	esidence (usual plac nonresident, give	e of abode) place and State	e)	
11. Color or 1	e (city or place)	12. Age at la	st birthday	(years)	20. Bi	rthplace (city or p		ge at last birthday	(years)
(State or o	profession, or par work done, as far	ticular			Same and the same of	State or country)  Trade, professio of work done, as	n, or particular	kind	
bookke	eeper, etc. ry or business in w	vhich			V   -	typist, nurse, cle Industry or busi	ness in which		
work w	vas done, as factor bank, etc.	у,			000	work was done, lawyer's office, f			
23. Number o (At time o	of children of this of this birth and inclu	mother iding this child)	(a) Born alive	and now living	4	(b) Bor	n alive but now	dead (c	) Stillborn
24. If stillborn period of g	n, Jestation	{ months or weeks	25. Cause of s	stillbirth				Before Labo	r
26. Was 1% si	lver nitrate used t	o prevent infa	nt blindness?	Yes No	,			(During Labo	*
I hereby	certify that I a	CERT attended the nd that the	IFICATE OF birth of this above facts a	ATTENDIN s child, who	was	YSICIAN OR M	MIDWIFE* or Born Dead)	at	M.,
*When ther	re was no attending p father, householder,	knowledge,	information a	ind belief.				ENT OR INFORMAL	
( this recurit.	name added fr		Date	a		A	ddress		
	ort	27.7		(Signa	ture)			I	REGISTRAR
1. County of	PLACE OF BIR	***************************************	Rod	. District No		CERTIFIC	Vital Statistic ATE OF BIR	s	
Township  Village of  City of	f		Reg.		Above nu	Division of CERTIFIC.  Note the control of the cont	Vital Statistic ATE OF BIR o. in Registra only by local regi	tion Bookstrar or his deputy)	
Township or Village of City of 2. FULL NA	of		Reg.	(If birth occu	Above nu	Division of CERTIFIC. Nombers to be filled in hospital or institution	Vital Statistic ATE OF BIR o. in Registra only by local region, give its NAMI	s TH tion Book strar or his deputy), St.;, St.;	number)
Township or Village of City of	f	INT names in	Reg. (No.	(If birth occu	Above nu	Division of CERTIFIC. No. mbers to be filled in hospital or institution	Vital Statistic ATE OF BIR o. in Registra only by local region, give its NAMI	s TH tion Book strar or his deputy), St.; Ginstead of street and	number)
Township  Township  Village of  City of  FULL NA  OF CHIL	ME D (Please PRI births 4. Tw	INT names in in, triplet, or o mber, in order	Reg. (No.	(If birth occu	Above nurred in a	Division of CERTIFIC. Nombers to be filled in hospital or institution.  7. Legitimate?	Vital Statistic ATE OF BIR o. in Registra only by local region, give its NAMI  8. Date of birth	s TH tion Book strar or his deputy) , St.; Sinstead of street and If child is not y supplemental re (Month, day, yea	number) vet named, make port as directed.
Township  Township  Village of  City of  FULL NA  OF CHIL	ME D (Please PRI births 4. Tw	INT names in	Reg. (No. capitals)	(If birth occu	Above murred in a	Division of CERTIFIC. Note that the content of the	Vital Statistic ATE OF BIR b. in Registra only by local region, give its NAMI	s TH tion Book strar or his deputy) , St.; Sinstead of street and If child is not y supplemental re (Month, day, yea	number) vet named, make port as directed.
Township or Village of City of	ME D (Please PRI births 4. Tw	INT names in in, triplet, or on the contract of the contract o	Reg. (No. capitals)	(If birth occu	Above nurred in a re	Division of CERTIFIC. Nombers to be filled in hospital or institution.  7. Legitimate? RINT)	Vital Statistic ATE OF BIR  in Registra only by local region, give its NAMI  8. Date of birth  MOTH	s TH tion Book strar or his deputy) , St.; Sinstead of street and If child is not y supplemental re  (Month, day, yea	number) vet named, make port as directed.
Township or Village of City of	f	INT names in in, triplet, or on the contract of the contract o	(No.	(If birth occu	Above nurred in a re-	Division of CERTIFIC.  Note that the control of the certific in the certific i	Vital Statistic ATE OF BIR  in Registra only by local regi on, give its NAMI  8. Date of birth  MOTH  e of abode) place and State	s TH tion Book strar or his deputy) , St.; Sinstead of street and If child is not y supplemental re  (Month, day, yea	number) vet named, make port as directed.
Township or Village of City of 2. FULL NA OF CHIL 3. Sex  (PRINT) 9. Full name 10. Residence (if nonresi	f	in, triplet, or omber, in order FATHER  e)	(No.	6. Prematur	(P) 16. Fu mm 17. Re (If 18. Cc 20. Bi	Division of CERTIFIC.  Note that the control of the certific in the certific i	Vital Statistic ATE OF BIR  o. in Registra only by local region, give its NAMI  8. Date of birth  MOTH  e of abode) place and State	s TH tion Book strar or his deputy) , St.; Sinstead of street and If child is not y supplemental re  (Month, day, yea (ER	Ward) number) ret named, make port as directed,
Township or Village of City of City of FULL NA OF CHIL  3. Sex  (PRINT) P. Full name  10. Residence (If nonresidence) (If solor or residence) (State or contents)	f	in, triplet, or omber, in order FATHER  e) 12. Age at la	(No.	6. Prematur	Above nurred in a recurred in	7. Legitimate? RINT) Il aiden me sidence (usual place nonresident, give plor or race rthplace (city or place) Trade, professio of work done, as	Vital Statistic ATE OF BIR  o. in Registra only by local regi on, give its NAMI  8. Date of birth  MOTH  e of abode) place and State  19. A  ace)  n, or particular housekeeper,	s TH tion Book	Ward) number) ret named, make port as directed,
Township or Village of or City of	ME D (Please PRI  If plural 4. Tw births  5. Nur  I (usual place of aboddent, give place areace a (city or place) country) profession, or par	in, triplet, or omber, in order FATHER  e) nd State) 12. Age at la	(No.	6. Prematur	Above nurred in a urred in a life in	Division of CERTIFIC.  Note that the control of the certific in the certific i	Vital Statistic ATE OF BIR  o. in Registra only by local regi on, give its NAMI  8. Date of birth  MOTH  e of abode) place and State  19. A  ace)  n, or particular housekeeper, rk, etc. ness in which	s TH tion Book	Ward) number) ret named, make port as directed,
Township or Village of or City of  FULL NA OF CHIL  Sex  (PRINT)  Full name  Residence (If nonresi  L. Color or residence)  14. Trade, kind of bookke  15. Industr work work work work work work work work	f	in, triplet, or omber, in order FATHER  e) 12. Age at la ticular mer, chich y,	Reg. (No. capitals) other of birth	6. Prematur Full term	17. Re (If (IS Care) (IS C	7. Legitimate? RINT) Il aiden me sidence (usual plac nonresident, give dor or race rthplace (city or plate or country) Trade, profession of work done, as typist, nurse, cle Industry or busi work was done, i lawyer's office, f	Vital Statistic ATE OF BIR  a. in Registra only by local regi on, give its NAMI  8. Date of birth  MOTH  e of abode) place and State  19. A  ace) n, or particular housekeeper, rk, etc. ness in which as own home, actory, etc.	s TH tion Book strar or his deputy) , St.; Sinstead of street and If child is not y supplemental re  (Month, day, yea ER  ge at last birthday kind	Ward) number) yet named, make port as directed,, 19
Township or Village of City of City of FULL NA OF CHIL  3. Sex  (PRINT) 9. Full name 10. Residence (If nonresi 11. Color or r 13. Birthplace (State or c (State or c State or c State or c (State or c State or c (State or c (S	f	in, triplet, or omber, in order FATHER  e) 12. Age at la ticular mer, chich y,	Reg. (No. capitals) other of birth	6. Prematur Full term  (years)	17. Re (If (IS Care) (IS C	Trade, professio of work done, as typist, nurse, cle Industry or busy in the control of the cont	Vital Statistic ATE OF BIR  a. in Registra only by local regi on, give its NAMI  8. Date of birth  MOTH  e of abode) place and State  19. A  ace) n, or particular housekeeper, rk, etc. ness in which as own home, actory, etc.	s TH  tion Book	Ward) number) vet named, make port as directed.
Township or Village of City of City of FULL NA OF CHIL  Sex  (PRINT) Full name  Residence (If nonresi  L. Color or r  State or c (State or c	f	in, triplet, or omber, in order FATHER  e) 12. Age at la  ticular mer, which y, mother ding this child)  { months or weeks	Reg. (No. capitals) other of birth st birthday  (a) Born alive a	6. Prematur Full term  (years)	Above nurred in a recurred in	7. Legitimate? RINT) Il aiden me sidence (usual plac nonresident, give dor or race rthplace (city or plate or country) Trade, profession of work done, as typist, nurse, cle Industry or busi work was done, i lawyer's office, f	Vital Statistic ATE OF BIR  a. in Registra only by local regi on, give its NAMI  8. Date of birth  MOTH  e of abode) place and State  19. A  ace) n, or particular housekeeper, rk, etc. ness in which as own home, actory, etc.	s TH  tion Book strar or his deputy)  St.; Sinstead of street and If child is not y supplemental re  (Month, day, yea ER  s) ge at last birthday  kind  dead (c)  Before Labor	Ward) number) vet named, make port as directed.
Township or Village of City of 2. FULL NA OF CHIL  3. Sex  (PRINT) 9. Full name 10. Residence (If nonresi 11. Color or r 13. Birthplace (State or of bookke 15. Industr work w office, l  14. Trade, kind of bookke 15. Industr work w office, l  16. Was 1% si I hereby on the date	f	e) 12. Age at la ticular mer, chich y, mother ding this child) { months or weeks perevent infar CERT	(A) Born alive a 25. Cause of s at blindness?	(If birth occurs)  6. Prematur Full term  (years)  and now living tillbirth Yes No ATTENDIN a child, who s given	Above nu urred in a ur	Division of CERTIFIC.  Note that the second of the second	Nital Statistic ATE OF BIR  in Registra only by local regi on, give its NAMI  8. Date of birth  MOTH  e of abode) place and State  19. A  ace) n, or particular housekeeper, rk, etc. ness in which as own home, actory, etc.  alive but now	s TH  tion Book strar or his deputy)  St.; Sinstead of street and If child is not y supplemental re  (Month, day, yea ER  s) ge at last birthday  kind  dead (c)  Before Labor	Ward) number) vet named, make port as directed,
Township or Village of or City of  FULL NA OF CHIL  S. Sex  (PRINT)  Full name  Residence (If nonresi  I. Color or r  Birthplace (State or c (Sta	f	in, triplet, or omber, in order FATHER  e)  12. Age at la  ticular mer,  which  y,  mother ding this child)  { months or weeks  o prevent infantite and that the chowledge, in	(a) Born alive a 25. Cause of sent blindness?  HFICATE OF a birth of this above facts a nformation a (Sigr	(If birth occurs)  6. Prematur Full term  (years)  and now living tillbirth Yes No ATTENDIN a child, who s given	Above nurred in a recurred in	Division of CERTIFIC. Note that the control of the	Nital Statistic ATE OF BIR  in Registra only by local region, give its NAMI  8. Date of birth  MOTH  e of abode) place and State  19. A  ace) n, or particular housekeeper, rk, etc. ness in which as own home, actory, etc. n alive but now  HDWIFE*  r Born Dead)	tion Book strar or his deputy)  Star or his deputy)  Star or his deputy)  Sinstead of street and lif child is not y supplemental re  (Month, day, yea  ER  (Month, day, yea  (Month, day	Ward) number) ret named, make port as directed.  (years)  Stillborn r
Township or Village of or City of	f	in, triplet, or of mber, in order FATHER  e) and State)  12. Age at lasticular mer, which y, mother ding this child)  { months or weeks  o prevent infantite and that the knowledge, in the child of the	Reg.  (No. capitals)  other of birth  st birthday  (a) Born alive a  25. Cause of s  at blindness?  IFICATE OF birth of this above facts a anformation a (Sigr	(If birth occurs)  6. Prematur Full term  (years)  and now living tillbirth  Yes No ATTENDIN a child, who s given nd belief. nature)	Above nurred in a green from the first of th	Division of CERTIFIC.  Note and the process of the	Vital Statistic ATE OF BIR  in Registra only by local regi on, give its NAMI  8. Date of birth  MOTH  e of abode) place and State  19. A  ace) n, or particular housekeeper, rk, etc. ness in which as own home, actory, etc.  a alive but now  HIDWIFE*  r Born Dead)	s TH  tion Book strar or his deputy)  , St.; Sinstead of street and	
1. County of Township or Village of City of	(usual place of abodident, give place arrace (city or place) (country) (usual place of abodident, give place arrace (city or place) (country) (usual place of abodident, give place arrace (city or place) (country) (co	in, triplet, or of mber, in order fATHER  e) and State)  12. Age at lasticular mer,  which y,  mother ding this child)  { months or weeks  o prevent infanter of the child of that the child of the chil	(a) Born alive a  25. Cause of s  at blindness?  IFICATE OF  birth of this above facts a nformation a  (Sigr	(If birth occurs)  6. Premature Full term  (years)  and now living stillbirth  Yes No ATTENDING schild, who siven and belief.  nature)	Above nu urred in a re-  (P)  16. Fu ma  17. Ro  (III)  18. Go  20. Bi  (NO   21.  VALUE   22.  (IV)	Division of CERTIFIC.  Note and the special or institution of the special or institution of the special or institution of the special or or race of the special or or special or or special or or race of the special or or race or or or race or	Nital Statistic ATE OF BIR  in Registra only by local regi on, give its NAMI  8. Date of birth  MOTH  e of abode) place and State  19. A  ace)  n, or particular housekeeper, rk, etc.  ness in which as own home, actory, etc.  alive but now  HIDWIFE*  r Born Dead)	tion Book strar or his deputy)  Star or his deputy)  Supplemental re  (Month, day, yea  ER  Star or his deputy)  ge at last birthday  kind  dead  (c)  Sefore Labor  During Labor  at	Ward) number) ret named, make port as directed,  (years)  Stillborn  T  M.,



## **Partially Scanned Material**

Blank pages from this item have been omitted from the digital version. The original can be viewed at the Minnesota Historical Society's Gale Family Library in Saint Paul, Minnesota. For more information, visit <a href="https://www.mnhs.org/library/">www.mnhs.org/library/</a>.

	of				Vital Statistics ATE OF BIRTH	
OP	p of Reg.	District No	) <b></b>		o. in Registration Book	
or						
2. FULL N	AME LD(Please PRINT names in capitals)				, St.; n, give its NAME instead of street and number)  If child is not yet named supplemental report as d	1
3. Sex	If plural 4. Twin, triplet, or other births 5. Number, in order of birth	7	re		8. Date of birth (Month, day, year)	J. (1)
(PRINT) 9. Full name	FATHER		16. Fr	RINT)	MOTHER	
10. Residence	e (usual place of abode) sident, give place and State)		17. R	esidence (usual plac nonresident, give	e of abode) place and State)	
11. Color or	race 12. Age at last birthday	(years)	18. C	olor or race	19. Age at last birthday	(year
13. Birthplac (State or	ce (city or place) country)		20. B	rthplace (city or pl State or country)	ace)	
NOL 14. Trade kind o	, profession, or particular f work done, as farmer, eeper, etc.		NOL   21	of work done, as	n, or particular kind housekeeper,	
15. Indus	try or business in which was done, as factory, bank, etc.		NOIL PALION 22	typist, nurse, cle Industry or busi work was done, a lawyer's office, f	ness in which	
23. Number (At time	of children of this mother of this birth and including this child) (a) Born alive a	and now living		3	alive but now dead (c) Stillbon	n
24. If stillbor period of		tillbirth			Before Labor	
26. Was 1% s	ilver nitrate used to prevent infant blindness?	Yes No			(During Labor	-
	CERTIFICATE OF	ATTENDIN	G PH			
I hereby on the date are true to	y certify that I attended the birth of this above stated, and that the above facts a the best of my knowledge, information a	nd belief.			Born Dead)	М.
*When the wife, then th this return.	e father, householder, etc., must make	nature)	Grister ,	PHYSICIAN, M (Cross out	DWIFE, PARENT OR INFORMANT words which do not apply)	
Given	name added from a supple-				ddress	
mental rep	ort, 19 Filed	L		, 19	AddressREGISTR	**********
Townshi	PLACE OF BIRTH  of p ofReg.	District No		Division of CERTIFICA	OF MINNESOTA Vital Statistics TE OF BIRTH in Registration Book	
or						
2. FULL N	AME				, St.; n, give its NAME instead of street and number)  If child is not yet named supplemental report as di	, make
3. Sex	If plural 4. Twin, triplet, or other	6. Prematur	e	7. Legiti-	8. Date of birth ,	
· (PRINT)	(5. Number, in order of birth FATHER	Full term		mate?	MOTHER	19
9. Full name			16. Fu ma		MOTHER	
10. Residence (If nonres	e (usual place of abode) ident, give place and State)		17. Re	sidence (usual place nonresident, give	of abode) place and State)	
11. Color or	race 12. Age at last birthday	(years)	18. Co	lor or race	19. Age at last birthday	years
13. Birthplace (State or	e (city or place) country)		20. Bi	rthplace (city or pla State or country)	ce)	
kind of bookke	profession, or particular work done, as farmer, eper, etc.			Control of the Contro	, or particular kind nousekeeper, k, etc.	
15. Indust work v office,	ry or business in which vas done, as factory, bank, etc.		an 22.	Industry or busin work was done, a lawyer's office, fa	s own home,	- /-
23. Number of	f children of this mother of this birth and including this child) (a) Born alive a	nd now living		(b) Born	alive but now dead (c) Stillbor	n
(Art time c	n, (months or weeks 25. Cause of st	tillbirth			Before Labor During Labor	
24. If stillbor						
4. If stillbor period of g	liver nitrate used to prevent infant blindness?	Yes No				
4. If stillbor period of g  26. Was 1% si  I hereby on the date	CERTIFICATE OF a certify that I attended the birth of this above stated, and that the above facts as the best of my knowledge, information ar	ATTENDIN child, who	G PHY			
24. If stillbor period of g  26. Was 1% si  I hereby on the date are true to the street of the stree	CERTIFICATE OF a certify that I attended the birth of this above stated, and that the above facts as the best of my knowledge, information are was no attending physician or midiather, householder, etc., must make	ATTENDIN child, who s given nd belief. ature)	G PHY	(Born Alive or PHYSICIAN, MI (Cross out		М.

(Signature)...

..., 19...... Address...

REGISTRAR

# DEATHS

4. PLACE OF DEATH	STATE OF MINNESOTA
County Mille Bes	Division of Vital Statistics
Township Pronection	DECERTIFICATE OF DEATH
village Reg. District No.	No. in Registration Book  (Above numbers to be filled in only by local registrar or his deputy.)
Or Clifer	O+ *** *
(If get)h occ	ward in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME (Please PRINT names in capitals)	men
(2a) Residence, No. Assection	St.,Ward
(Usual place of abode)  Length of residence in city or town where death occurred yrs. me	(If nonresident give city or town and State) os. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
3 SEX 4. COLOB OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
Male White married	22. I HEREBY CERTIFY, That I attended deceased from
5a. If married, widowed, or divorced HUSBAND of	1957, to 1 1937 I last saw he slive on
(or) WIFE of Megsale Munslew	19 ; death is said to have occurred on the
6. DATE OF BIRTH (month, ds., and year) 7. AGE Years   Months   Days   If LESS than 1	date stated above, at A m.  The PRIMARY UNDERLYING CAUSE of death was Duration
70 0 20 day, hrs.	Service siteria
8. Trade, profession, or particular kind of	Scelinia
work done, as engineer (type of), miner, James sawyer, bookkeeper, etc.  9. Industry or business in which work	
was done, as railway, mine, (kind of) Cettres	Contributory causes of importance in order of onset:  Duration
at this occupation (month spent in this	(2)
and year) occupation  12. BIRTHPLACE (city or town)	(3)
(State or country)	Did an operation precede death?
13. NAME (Print) Plof Kunsten  14. BIRTHPLACE (city or town)	If so, state condition for which it was undertaken
14. BIRTHPLACE (city or town) (State or country)	Date of operation Was there an autopsy?
Les MATTERY	23. If death was due to external causes (violence) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide or homicide?
(State or country) Juredens	Where did injury occur?(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
(7. INFORMANT) A Remater	specify wasted analy occurred in industry, in nome, or in public place.
8 Buried at Parast 1 1 3 3	Manner of injury
Removed to Date (Cremation—No Yes)	·Nature of injury
9. UNDERTAKER C. Capleon	24. Was disease or injury in any way related to occupation of deceased?
February Bankalud	If so, specify (Signed) / S C Corres M.D.
Registrar,	(Address) Proceeding
2 200	
1. PLACE OF DEATH	STATE OF MINNESOTA
County My Jan	Division of Vital Statistics CERTIFICATE OF DEATH
Township Thurcellow Reg. District No.	
or	(Above numbers to be filled in only by local registrar or his deputy.)
City No. (If death occur	St., Ward arred in a hospital or institution, give its NAME instead of street and number)
P. FULL NAME (Please PRINT names in capitals)	esper
(2a) Residence, No. Assection	St., Ward
(Usual place of abode)	(If nonresident give city or town and State)
SEX 4. COLOROR RACE   5. SINGLE, MARRIED, WIDOWED.	
Female White married (writighte word)	
a. If married, widowed, or divorced	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of arthur Van Warmer.	4 193, death is said to have occurred on the
DATE OF BIRTH (month, day, and year)  AGE Years   Months   Days   IELESCALORI	date stated above, at //m.
77 Months Days If LESS than 1 day,hrs.	The PRIMARY UNDERLYING CAUSE of death was Duration
18 Trade profession or pasticular bind of	Cardroc failure
work done, as engineer (type of), miner / sawyer, bookkeeper, etc.	
9. Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc.	Contributory causes of importance in order of onset: Duration
saw mill, bank, etc.  10. Date deceased last worked at this occupation (month of a spent in this occupation)	(1)
at this occupation (month and year) spent in this occupation occupation	(2)
BIRTHPLACE (city or town) Stant.	Did an operation precede death?
13. NAME (Print) Janual Hunt	Did an operation precede death?  If so, state condition for which it was undertaken
14. BIRTHPLACE (city or town)	
(State or country) Wishow	Date of operation Was there an autopsy? NO
15. MAIDEN NAME (Print) Wirknown	23. If death was due to external causes (violence) fill in also the following:
	Accident, suicide or homicide? Data of fairers
16. BIRTHPLACE (city or town)	Accident, suicide or homicide?19
(State or country)	Accident, suicide or homicide?
(State or country)	Where did injury occur?  (Specify city or town, county, and State)  Specify whether injury occurred in industry, in home, or in public place.
7. INFORMAND Leo July.  8. Buried at Innuction Date 1-9 37	Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.  Manner of injury
7. INFORMANT Seo for (Cremation—No Yes)	Where did injury occur?  (Specify city or town, county, and State)  Specify whether injury occurred in industry, in home, or in public place.  Manner of injury  Nature of injury
7. INFORMAND Leo Joff.  8. Buried at Innuction Date 1-9 187	Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.  Manner of injury
(State or country)  INFORMAND Leo (Address) Leo (Address) Date Or Removed to  Coremation—No Yes)	Where did injury occur?  (Specify city or town, county, and State)  Specify whether injury occurred in industry, in home, or in public place.  Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?

1. PLACE OF DEATH	STATE OF MINNESOTA
County Mill Face	Division of Vital Statistics
Township Sandton	CERTIFICATE OF DEATH
Village Reg. District No	No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)
2. FULL NAME James Edwards	enford
(Please PRINT names in capitals)	St Word
(2a) Residence, No. (Usual place of abode)	St., Ward (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mo 3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	
male of Shivorced (write the word)	21. DATE OF DEATH (month, day, and year) Hilly 24 13
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years   Months   Days   ILLUSS then I	date stated above, at // Am.
day,hrs.	The PRIMARY UNDERLYING CAUSE of death was Duration
8. Trade, profession, or particular kind of	Talhological facility 36 hre
work done, as engineer (type of), miner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc.  10. Date deceased last worked   11 Total time (years)	Contributory causes of importance in order of onset: Duration
10. Date deceased last worked at this occupation (month spent in this	(1)
and year) occupation	(3)
12. BIRTHPLACE (city or town) Consclus Lypp	Did an operation precede death?
13. NAME (Print) Ument Edwn Sanford	If so, state condition for which it was undertaken
13. NAME (Print) Munit Edward and 14. BIRTHPLACE (city or town) Mills Lake (State or country)	Date of operation Was there an autopsy?
LIE MAIDEN A DE LOS	23. If death was due to external causes (violence) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide or homicide?
(State or country)	Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
17. INFORMANT Lement Estandord	Specify whether injury occurred in industry, in nome, or in public place.
18 Buried at Pak N. W. 174 77	Manner of injury
Removed to Date (Cremation-No Yes)	Nature of injury
19. UNDERTAKER Sulve	24. Was disease or injury in any way related to occupation of deceased?
20. Filed 19	(Signed) 77, Bloomfeig M.D.
20. Filed, 19	(Address) Sumueto
County Mile Jaco	STATE OF MINNESOTA Division of Vital Statistics
County Mile Lack Township Smile Town Village Reg. District No City No  2. FULL NAME Mch John (If deal occur)	
County Mile Francisco Reg. District No  Village Reg. District No  City No  (If desir occur  (Please PRINT names in capitals)	Division of Vital Statistics  CERTIFICATE OF DEATH  No. in Registration Book  (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward  ward in a hospital or institution, give its NAME instead of street and number)
County Mile Township Reg. District No  Village Or City No  (Please PRINT names in capitals)  (2a) Residence, No  (Usual place of abode)	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward rred in a hospital or institution, give its NAME instead of street and number)  St., Ward (If nonresident give city or town and State)
County Mile Free Reg. District No  Village Reg. District No  City No  (If death occurred (Please PRINT names in capitals)  (2a) Residence, No  (Usual place of abode)  Length of residence in city or town where death occurred yrs. mo	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward  (If nonresident give city or town and State)  a. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
County Mile Reg. District No  Village Reg. District No  City No  (If deals occurred (Please PRINT names in capitals)  (2a) Residence, No  (Usual place of abode)  Length of residence in city or town where death occurred yrs. mo	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward red in a hospital or institution, give its NAME instead of street and number)  St., Ward (If nonresident give city or town and State)  ds. How long in U. S. if of foreign birth? yrs. mos. ds.  21. DATE OF DEATH (month, day, and year)  23 1937
County Male Township Or Village Reg. District No. City No	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward  (If nonresident give city or town and State)  a. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
County Male Reg. District No  Village Reg. District No  Or City No  (Please PRINT names in capitals)  (2a) Residence, No  (Usual place of abode)  Length of residence in city or town where death occurred yrs. mo  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward  Ward red in a hospital or institution, give its NAME instead of street and number)  St., Ward  (If nonresident give city or town and State)  s. ds. How long in U. S. if of foreign birth? yrs. mos. ds.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 1977, to 1977, ideath is said to have occurred on the
County Male Township Or Village Reg. District No. City No	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward (If nonresident give city or town and State)  St., Ward (If nonresident give city or town and State)  St., Loate Of Death (month, day, and year)  21. Date Of Death (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 1937, to 1937, to 1937; death is said to have occurred on the date stated above, at 1937; death is said to have occurred on the
County Male Township or Village Reg. District No. Or City No. (If death occurred or City No. (Usual place of abode)  Length of residence in city or town where death occurred or No. (Usual place of abode)  Length of residence in city or town where death occurred or No. (Usual place of abode)  Length of residence in city or town where death occurred or No. (Usual place of abode)  Length of residence in city or town where death occurred or No. (Usual place of abode)  Length of residence in city or town where death occurred or No. (Usual place of abode)  Length of residence in city or town where death occurred or No. (Usual place of abode)  Length of residence in city or town where death occurred or No. (Usual place of abode)  Length of residence in city or town where death occurred or No. (Usual place of abode)  Length of residence in city or town where death occurred or No. (Usual place of abode)  Length of residence in city or town where death occurred or No. (Usual place of abode)  Length of residence in city or town where death occurred or No. (Usual place of abode)  A COLOR OR RACE or S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of Usual place of abode)  Length of residence in city or town where death occurred or No. (Usual place of abode)  A COLOR OR RACE or S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  The color of the col	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward  Ward red in a hospital or institution, give its NAME instead of street and number)  St., Ward  (If nonresident give city or town and State)  s. ds. How long in U. S. if of foreign birth? yrs. mos. ds.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 1977; death is said to have occurred on the
Township  Or  Village Or  City  No.  (If decid occurred or control of control	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward (If nonresident give city or town and State)  St., Ward (If nonresident give city or town and State)  St., Loate Of Death (month, day, and year)  21. Date Of Death (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 1937, to 1937; death is said to have occurred on the date stated above, at 1937; death is said to have occurred on the
Township  Or  Village Or  City  No.  (If decid occurred or control of control	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward  Ward red in a hospital or institution, give its NAME instead of street and number)  St., Ward  (If nonresident give city or town and State)  s. ds. How long in U. S. if of foreign birth? yrs. mos. ds.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 1977. I last saw in 1977. I last saw in 1977. I last saw in 1977. I death is said to have occurred on the date stated above, at 1977. m.  The PRIMARY UNDERLYING CAUSE of death was Duration
Township  Or  Village Or  City  No.  (If decid occurred or control of control	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward  Ward in a hospital or institution, give its NAME instead of street and number)  St., Ward  (If nonresident give city or town and State)  a. ds. How long in U. S. if of foreign birth? yrs. mos. ds.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 1927, to 1927, to 1927, death is said to have occurred on the date stated above, at 1927, death is said to have occurred on the date stated above, at 1927, m.  The PRIMARY UNDERLYING CAUSE of death was Duration  Contributory causes of importance in order of onset:  Duration
Township or Village Reg. District No. Or City No. (If death occurred or City No. (Usual place of abode)  Length of residence in city or town where death occurred or City Or C	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward  Ward red in a hospital or institution, give its NAME instead of street and number)  St., Ward  (If nonresident give city or town and State)  s. ds. How long in U. S. if of foreign birth? yrs. mos. ds.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 1977. I last saw in 1977. I last saw in 1977. I last saw in 1977. I death is said to have occurred on the date stated above, at 1977. m.  The PRIMARY UNDERLYING CAUSE of death was Duration
Township or Village Reg. District No. (If death occur or City No. (Please PRINT names in capitals)  (2a) Residence, No. (Usual place of abode)  Length of residence in city or town where death occurred yrs. mo  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, ORDIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year) ORDIVORCED (write the word)  8. Trade, profession, or particular kind of work done, as engineer (type of), miner, sayyer, bookkeeper, etc.  9. Industry or business in which work was done, as railway, mine, (kind of) say mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book.  (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward  (If nonresident give city or town and State)  s. ds. How long in U. S. if of foreign birth? yrs. mos. ds.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 1937, to 1937, to 1937, to 1937, death is said to have occurred on the date stated above, at 1937, m.  The PRIMARY UNDERLYING CAUSE of death was  Contributory causes of importance in order of onset:  (1)  (2)  (3)
Township Or Village Reg. District No. Or City No. (If dead occur or City No. (Please PRINT names in capitals)  (2a) Residence, No. (Usual place of abode)  Length of residence in city or town where death occurred yrs. mo  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, ORDIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, Ahrs. or min.  8. Trade, profession, or particular kind of work done, as engineer (type of), miner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) June 10 miner, Sepent in this occupation  12. BIRTHPLACE (city or town) June 10 miner, Sepent in this occupation  13. SEX	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward  (If nonresident give city or town and State)  St., How long in U. S. if of foreign birth?  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from  197. to 197. death is said to have occurred on the date stated above, at 197. death is said to have occurred on the date stated above, at 197. m.  The PRIMARY UNDERLYING CAUSE of death was  Contributory causes of importance in order of onset:  Duration  (1)  (2)  (3)  Did an operation precede death?
Township Or Village Reg. District No. Or City No. (If dead occur or City No. (Please PRINT names in capitals)  (2a) Residence, No. (Usual place of abode)  Length of residence in city or town where death occurred yrs. mo  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, ORDIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, Ahrs. or min.  8. Trade, profession, or particular kind of work done, as engineer (type of), miner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) June 10 miner, Sepent in this occupation  12. BIRTHPLACE (city or town) June 10 miner, Sepent in this occupation  13. SEX	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book.  (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward  (If nonresident give city or town and State)  s. ds. How long in U. S. if of foreign birth? yrs. mos. ds.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 1937, to 1937, to 1937, to 1937, death is said to have occurred on the date stated above, at 1937, m.  The PRIMARY UNDERLYING CAUSE of death was  Contributory causes of importance in order of onset:  (1)  (2)  (3)
Township  or  Village  Or  City  No. (If define occur  (Please PRINT names in capitals)  (2a) Residence, No. (Usual place of abode)  Length of residence in city or town where death occurred yrs. mo  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, ORDIVORCED (write the word)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day,hrs. ormin.  8. Trade, profession, or particular kind of work done, as engineer (type of), miner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  MANN  MANN  (State or country)  MANN  MANN  MANN  MANN  MANN  (State or country)  MANN	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward  Tred in a hospital or institution, give its NAME instead of street and number)  St., Ward  (If nonresident give city or town and State)  a. How long in U. S. if of foreign birth? yrs. mos. ds.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 1921, to 1921, to 1921, and the date stated above, at 1921, mm.  The PRIMARY UNDERLYING CAUSE of death was Duration  (I)  (2)  (3)  Did an operation precede death?  If so, state condition for which it was undertaken Mass there an autopsy?
Township Or Village Reg. District No. Or City No. (If define occur (Please PRINT names in capitals)  (2a) Residence, No. (Usual place of abode)  Length of residence in city or town where death occurred yrs. mo (Sate or country)  8. Trade, profession, or particular kind of work done, as engineer (type of), miner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME (Print) (Lugle Math)  14. BIRTHPLACE (city or town) (State or country)  M. M	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward  (If nonresident give city or town and State)  s. ds. How long in U. S. if of foreign birth? yrs. mos. ds.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 1997, to 1997, to 1997. I last saw had alive on 1997, to 1997. It last saw had alive on the date stated above, at 1997, mm.  The PRIMARY UNDERLYING CAUSE of death was Duration  Contributory causes of importance in order of onset: Duration  (1)  (2)  (3)  Did an operation precede death?  If so, state condition for which it was undertaken
County Township or Reg. District No. Willage Or City No. (If ded occur of City No. (Usual place of abode)  Length of residence in city or town where death occurred yrs. mo  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, ORDIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year) 17. AGE Years Months Days If LESS than 1 day, 1 hrs. or min.  8. Trade, profession, or particular kind of work done, as engineer (type of), miner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) Spent in this occupation  12. BIRTHPLACE (city or town) (State or country)  13. NAME (Print) Lude Math  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME (Print) Math  16. BIRTHPLACE (city or town)  NAME (Print) Math  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book.  (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward  (If nonresident give city or town and State)  a. How long in U. S. if of foreign birth? yrs. mos. ds.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from the date stated above, at the month of the month of the date stated above, at the month of the month of the date stated above, at the month of the date stated above, at the month of the month o
County Township or Village or City No. (Haddocent occurred of the control of the	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward  (If nonresident give city or town and State)  st. How long in U. S. if of foreign birth? yrs. mos. ds.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 192, to 192, to 192, to 192, I last saw h.c., alive on 192, to 192, to 192, and to have occurred on the date stated above, at 192, mm.  The PRIMARY UNDERLYING CAUSE of death was Duration  Contributory causes of importance in order of onset: Duration  (1) (2) (3)  Did an operation precede death?  If so, state condition for which it was undertaken
County  Township  or  Village	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book.  (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward  (If nonresident give city or town and State)  a. How long in U. S. if of foreign birth? yrs. mos. ds.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from the date stated above, at the date stated above, a
County Township or Village.  2. FULL NAME (Please PRINT names in capitals)  (2a) Residence, No. (Usual place of abode)  Length of residence in city or town where death occurred yrs. mo  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, ORDIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than 1 day, 1 hrs. or min.  8. Trade, profession, or particular kind of work done, as engineer (type of), miner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  23. NAME (Print) (State or country)  24. BIRTHPLACE (city or town) (State or country)  25. MAIDEN (State or country)  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. Buried at Date of the place of abode)  19. Maide (Print) (State or country)  10. Date deceased last worked at this occupation (month and year)  10. Date deceased last worked at this occupation (month and year)  11. NAME (Print) (State or country)  12. BIRTHPLACE (city or town) (State or country)  13. NAME (Print) (State or country)  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN (State or country)  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. Buried at Date of abode (Information and place) (State or country)	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy.)  St
County Market Township or Village. Reg. District No. Or City No. (II destroced or City No. (II destroced or City No. (II destroced or City No. (III destroced or City Or C	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy.)  St
County Magnetic Township or Village.  2. FULL NAME (Please PRINT names in capitals)  (2a) Residence, No. (Usual place of abode)  Length of residence in city or town where death occurred yrs. mo  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, ORDIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WiFe of  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than 1 day, 1 hrs. or min.  8. Trade, profession, or particular kind of work done, as engineer (type of), miner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  8 13. NAME (Print) (Lyle Mach)  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME (Print) (State or country)  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. Buried at Date (Lyle Mach)  18. Buried at Date (Lyle Mach)  19. INFORMANT (Address)  19. Date (Lyle Mach)  10. Date (State or country)  10. Date (State or country)  11. INFORMANT (Address)  12. Buried at Date (Lyle Mach)  13. Buried at Date (Lyle Mach)  14. Birthplace (city or town) (State or country)  15. Maiden (Print) (State or country)  16. Birthplace (city or town) (State or country)  17. INFORMANT (Address)  18. Buried at Date (Lyle Mach)	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy.)  St
County Township or Village. Reg. District No. Or Village. Reg. District No. Or City No. (If declar occur of City No. (If declar occur occur of City No. (If declar occur	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward  Tred in a hospital or institution, give its NAME instead of street and number)  St., Ward  (If nonresident give city or town and State)  ds. How long in U. S. if of foreign birth? yrs. mos. ds.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from  1977; death is said to have occurred on the date stated above, at 1977; death is said to have occurred on the date stated above, at 1977; death was  Duration  (1)  (2)  (3)  Did an operation precede death?  If so, state condition for which it was undertaken  Date of operation  Was there an autopsy?  Accident, suicide or homicide?  Date of injury  Accident, suicide or homicide?  Specify eity or town, county, and State)  Specify whether injury occurred in industry, in home, or in public place.  Manner of injury  Nature of injury  Nature of injury  Nature of injury in any way related to occupation of deceased?

M. S. PLACE OF DEATH	STATE OF MINNESOTA Division of Vital Statistics	16
Township Puncelon	CERTIFICATE OF DEATH	iis tr
or Red District No.	No. in Registration Book	Res
Villageor	(Above numbers to be filled in only by local registrar or his deputy.)	Sub
City No. (If death occur	St., rred in hospital or institution, give its NAME instead of street and number	Ward
2. FULL NAME (Please PRINT names in capitals)		
(2a) Residence, No. 19-4 Properties	St.,Ward	,
(Usual place of abode)  Length of residence in city or town where death occurred yrs. mos	(If nonresident give city or town and a. ds. How long in U. S. if of foreign birth? yrs. n	d State)
3 SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (month, day, and year) Dec 18	1937
Mak White morriel	22. I HEREBY CERTIFY, That I attended deceased from	rek
5a. If married, widowed, or divorced HUSBAND of	19.3/, to19 I last saw h.	da alive on
(OT) WIFE OF MANCY C / amongs	Man h 190 7; death is said to have occu	rred on the
6. DATE OF BIRTH (month, day and year) (72 12 18 56.  7. AGE Years Months Days   If LESS than 1	date stated above, at 2000 m. The PRIMARY UNDERLYING CAUSE of death was	
8/ / 26 day,hrs.	THE FALMANT CHUBADIING GAUSS OF GERTH WAS	Duration
8. Trade, profession, or particular kind of	1	
work done, as engineer (type of), miner, sawyer, bookkeeper, etc.  Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc.  10. Date deceased last worked   11 Total time (years)	artersoller	-
was done, as railway, mine, (kind of) saw mill, bank, etc.	Contributory causes of importance in order of onset:	Duration
10. Date deceased last worked at this occupation (month and year)	(2)	-gear
12. BIRTHPLACE (city or town)	(3)	0
(State or country) adamu Mau.	Did an operation precede death?	
13. NAME (Print) Crome Saurage 14. BIRTHPLACE (city or town)	If so, state condition for which it was undertaken	
14. BIRTHPLACE (city or town) (State or country)	Date of operation 200 Was there an autopsy?	no
15. MAIDEN NAME (Print adeline, Quitie)	23. If death was due to external causes (violence) fill in also the fe	
16. BIRTHPLACE (city on town)	Accident, suicide or homicide? Date of injury	- 1
(State or country) / the formation	Where did injury occur?  (Specify city or town, county, and Specify whether injury occurred in industry, in home, or in pu	State) (blic place.
17. INFORMANT James Harrington		***************************************
18 Buried at Oak Knoll Day 12 31 137	Manner of injury	CONTRACTOR OF THE PARTY OF THE
Removed to Cremation-No Yes)	·Nature of injury	
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of dec	eased?
20. Filed fan 8. 1938 Les Borches	(Signed) 11 , Tolompere	M.D.
Township Princeto  Village Reg. District No.	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book	ub-Registra
CityNo,	St.,	00
111111111111111111111111111111111111111	read in a hospital or institution, give its NAME instead of street and number	Watu
(Please PRINT names in capitals)	mana	)
	no wys. Id.	
	St., Ward (If nonresident give city or town and	
(2a) Residence, No. (Usual place of abode)  Length of residence in city or town where death occurred yrs. mos	St., Ward. (If nonresident give city or town and	d State)
(2a) Residence, No. (Usual place of abode)  Length of residence in city or town where death occurred yrs. most	St., Ward. (If nonresident give city or town and state of the state of	d State) nos. ds.
(2a) Residence, No. (Usual place of abode)  Length of residence in city or town where death occurred yrs. most as SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  June 19 19 19 19 19 19 19 19 19 19 19 19 19	St., Ward (If nonresident give city or town and ds. How long in U. S. if of foreign birth? yrs. n  21. DATE OF DEATH (month, day, and year)	d State) nos. ds. 1938
(2a) Residence, No. (Usual place of abode)  Length of residence in city or town where death occurred yrs. mos  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	St., Ward (If nonresident give city or town and ds. How long in U. S. if of foreign birth? yrs. n  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 1938, to 1938. I last saw h	d State) nos. ds. 1938
(2a) Residence, No. (Usual place of abode)  Length of residence in city or town where death occurred yrs. most as SEX 4. COLOR OR RACE OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of HUSBAND of (or) WIFE	St., Ward (If nonresident give city or town and ds. How long in U. S. if of foreign birth? yrs. n  21. DATE OF DEATH (month, day, and year)	d State) nos. ds. 1938
(2a) Residence, No. (Usual place of abode)  Length of residence in city or town where death occurred yrs. most as a sex	St., Ward.  (If nonresident give city or town and ds. How long in U. S. if of foreign birth? yrs. n  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 193, to 193, I last saw h	d State) nos. ds. 1938
(2a) Residence, No. (Usual place of abode)  Length of residence in city or town where death occurred yrs. most as a sex	St., Ward.  (If nonresident give city or town and deceased from from the stated above, at Jensen and stated above, at Jensen and stated above, at Jensen and stated above at Jensen and	d State) nos. ds.  1930  alive on arred on the
(2a) Residence, No. (Usual place of abode)  Length of residence in city or town where death occurred yrs. mos  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than 1 day,hrs. or	St., Ward.  (If nonresident give city or town and deceased from from the stated above, at Jensen and stated above, at Jensen and stated above, at Jensen and stated above at Jensen and	d State) nos. ds.  1930  alive on arred on the
(2a) Residence, No. (Usual place of abode)  Length of residence in city or town where death occurred yrs. mos  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than 1 day,hrs. ormin.  8. Trade, profession, or particular kind of	St., Ward.  (If nonresident give city or town and deceased from from the stated above, at Jensen and stated above, at Jensen and stated above, at Jensen and stated above at Jensen and	d State) nos. ds.  1930  alive on arred on the
(2a) Residence, No. (Usual place of abode)  Length of residence in city or town where death occurred yrs. most assertion of the control of th	St., Ward.  (If nonresident give city or town and ds. How long in U. S. if of foreign birth? yrs. no.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 19. I last saw h.  19. ; death is said to have occur date stated above, at 2. m.  The PRIMARY UNDERLYING CAUSE of death was  Contributory causes of importance in order of onset:  (1)	d State) nos. ds.  1930 alive on arred on the  Duration Duration
(2a) Residence, No.  (Usual place of abode)  Length of residence in city or town where death occurred yrs. most occupation of the place of abode)  Length of residence in city or town where death occurred yrs. most occupation (Usual place of abode)  Length of residence in city or town where death occurred yrs. most occupation (Usual place of abode)  3. SEX	St., Ward.  (If nonresident give city or town and ds. How long in U. S. if of foreign birth? yrs. n  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 1938. I last saw h  19 ; death is said to have occur date stated above, at 326 pm.  The PRIMARY UNDERLYING CAUSE of death was	d State) nos. ds.  1930 alive on arred on the  Duration Duration
(2a) Residence, No	St., Ward.  (If nonresident give city or town and ds. How long in U. S. if of foreign birth? yrs. n  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 19. I last saw h  19. ; death is said to have occur date stated above, at 2. m.  The PRIMARY UNDERLYING CAUSE of death was  Contributory causes of importance in order of onset:  (1) Contributory causes of importance in order of onset:	d State) nos. ds.  1930  alive on arred on the  Duration  Duration
(2a) Residence, No.  (Usual place of abode)  Length of residence in city or town where death occurred yrs. most of the second of	St., Ward.  (If nonresident give city or town and ds. How long in U. S. if of foreign birth? yrs. n  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 19. I last saw h  19. ; death is said to have occur date stated above, at 19. m.  The PRIMARY UNDERLYING CAUSE of death was  Contributory causes of importance in order of onset:  (1) Contributory causes of importance in order of onset:  (2) (3)	d State) nos. ds.  1938 alive on arred on the  Duration Duration
(2a) Residence, No. (Usual place of abode)  Length of residence in city or town where death occurred yrs. most as a second of the second of th	St.,	d State) nos. ds.  1938  alive on arred on the  Duration  Duration
(2a) Residence, No. (Usual place of abode)  Length of residence in city or town where death occurred yrs. most as a constant of the constant o	St.,	d State) nos. ds.  1938  alive on arred on the  Duration  Duration
(2a) Residence, No. (Usual place of abode)  Length of residence in city or town where death occurred yrs. most as a constant of the constant o	St.,	d State) nos. ds.  1938  alive on arred on the  Duration  Duration  Online on the one of
Length of residence in city or town where death occurred yrs. mos  3. SEX	St., Ward.  (If nonresident give city or town and ds. How long in U. S. if of foreign birth? yrs. n  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 19. ; death is said to have occur date stated above, at 19. ; death is said to have occur date stated above, at 19. ; m.  The PRIMARY UNDERLYING CAUSE of death was  Contributory causes of importance in order of onset:  (i)  (2)  (3)  Did an operation precede death?  If so, state condition for which it was undertaken  Date of operation.  Was there an autopsy?  23. If death was due to external causes (violence) fill in also the form of the did injury occur?  (Specify city or town, county, and (Specify city or town, co	d State) nos. ds.  1930  alive on streed on the  Duration  Duration  Duration  Duration  Duration  Duration  State)
Ca) Residence, No.  (Usual place of abode)  Length of residence in city or town where death occurred yrs. most of the place of abode)  Length of residence in city or town where death occurred yrs. most occupation of the place of abode)  Length of residence in city or town where death occurred yrs. most occupation of the place of abode)  Length of residence in city or town where death occurred yrs. most occupation of the place of abode)  Length of residence in city or town where death occurred yrs. most occupation of the place of abode)  Length of residence in city or town of the place of abode)  Length of residence in city or town where death occurred yrs. most occupation of the work of place occupation oc	St., Ward.  (If nonresident give city or town and ds. How long in U. S. if of foreign birth? yrs. n.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 193 to 193 I last saw h.  19 ; death is said to have occur date stated above, at 3 m.  The PRIMARY UNDERLYING CAUSE of death was  Contributory causes of importance in order of onset:  (1) (2)  (3)  Did an operation precede death?  If so, state condition for which it was undertaken  Date of operation Was there an autopsy?  23. If death was due to external causes (violence) fill in also the form of the did injury occur?  (Specify city or town, county, and Specify whether injury occurred in industry, in home, or in put	d State) nos. ds.  1938  alive on arred on the  Duration Duration Duration Duration Duration Duration Duration
Color of residence in city or town where death occurred   yrs.   most	St., Ward.  (If nonresident give city or town and ds. How long in U. S. if of foreign birth? yrs. n  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 19. ; death is said to have occur date stated above, at 19. ; death is said to have occur date stated above, at 19. ; m.  The PRIMARY UNDERLYING CAUSE of death was  Contributory causes of importance in order of onset:  (i)  (2)  (3)  Did an operation precede death?  If so, state condition for which it was undertaken  Date of operation.  Was there an autopsy?  23. If death was due to external causes (violence) fill in also the form of the did injury occur?  (Specify city or town, county, and (Specify city or town, co	d State) nos. ds.  1938  alive on arred on the  Duration Duration Duration Figure 19 State) This is a second of the second of th
Ca) Residence, No.  (Usual place of abode)  Length of residence in city or town where death occurred yrs. most of the place of abode)  Length of residence in city or town where death occurred yrs. most occupation of the place of abode)  Length of residence in city or town where death occurred yrs. most occupation of the place of abode)  Length of residence in city or town where death occurred yrs. most occupation of the place of abode)  Length of residence in city or town where death occurred yrs. most occupation of the place of abode)  Length of residence in city or town of the place of abode)  Length of residence in city or town where death occurred yrs. most occupation of the work of place occupation oc	St.,	d State) nos. ds.  1938  alive on arred on the  Duration  Duration  Duration  Duration  State) alive on the
Length of residence in city or town where death occurred yrs. most as a second of the	St., Ward (If nonresident give city or town and ds. How long in U. S. if of foreign birth? yrs. n  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 19., to 19., to 19., I last saw h 19., death is said to have occur date stated above, at 20., m.  The PRIMARY UNDERLYING CAUSE of death was  Contributory causes of importance in order of onset:  (i) (2)  (3)  Did an operation precede death?  If so, state condition for which it was undertaken  Date of operation Was there an autopsy?  23. If death was due to external causes (violence) fill in also the form Accident, suicide or homicide? Date of injury Where did injury occur?  Specify whether injury occurred in industry, in home, or in put Manner of injury  Nature of injury  Nature of injury  Nature of injury in any way related to occupation of deceased for mental and service in the city of town, county, and specify what injury in any way related to occupation of deceased for mental causes (violence) and injury occupation of deceased from 2.  Nature of injury 1.	d State) nos. ds.  1938  alive on arred on the  Duration  Duration  Duration  State) ollowing: 19  State) ublic place.
Length of residence in city or town where death occurred yrs. most activated at this occupation (month was done, as railway, minc, (kind of saw mill, bank, etc.)  10. BIRTHPLACE (city or town) (State or country)  11. INFORMANT (Address)  18. Buried at or Race (Crematton—No Yes)  (Usual place of abode)  (S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  (Wall place of abode)  (Race of Country)  (Say and year)  (Address)  (Address)  (Usual place of abode)  (OR DIVORCED (write the word)  (Wall David Country)  (Address)  (Address)  (David Care death occurred on the word of about 1 day, marked at or grade of about 2 day, marked at or grade of about 2 day, marked	St.,	d State) nos. ds.  1938  alive on the direction  Duration  Duration  Duration  Duration  Duration  Duration  Duration  State)  stolic place.

(Please PRINT names in capitals)  (2a) Residence, No	St., Ward (If nonresident give city or town and State ds. How long in U. S. if of foreign birth? yrs. mos.  21. DATE OF DEATH (month, day, and year) 4-3  22. I HEREBY CERTIFY, That I attended deceased from 19 to 193, death is said to have occurred date stated above, at m.  The PRIMAR UNDERLYING CAUSE of death was	ds.
Reg. District No. (A)  No. (If death occurred to the profession, or particular kind of work done, as engineer (type of), miner sawyer, bookkeeper, etc. (Itype of), miner sawyer, bookkeeper, etc. (Itype of), miner sawyer, bookkeeper, etc. (Itype of), saw mill, bank, etc.  Date deceased last worked at this occupation (RTHPLACE (city or town))  RTHPLACE (city or town)  (If death occurred to the profession of	No. in Registration Book Above numbers to be filled in only by local registrar or his deputy.)  St.,  In a hospital or institution, give its NAME instead of street and number)  St.,  (If nonresident give city or town and State ds. How long in U. S. if of foreign birth? yrs. mos.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 19 to 10 yrs. in 19 years and 19 years are also in 19 years and 19 years are also in 19 years and 19 years are also in 19 years are also in 19 years and 19 years are also in 19 yea	ds.
(Please PRINT names in capitals)  (2a) Residence, No	St.,	ds.
(Please PRINT names in capitals)  (2a) Residence, No	St.,	ds.
(2a) Residence, No. (Usual place of abode)  Of residence in city or town where death occurred (Lyrs. mos. and the work of the	St., Ward  (If nonresident give city or town and State ds. How long in U. S. if of foreign birth? yrs. mos.  21. DATE OF DEATH (month, day, and year) 4— 3  22. I HEREBY CERTIFY, That I attended deceased from 19 to 193; death is said to have occurred date stated above, at m.  The PRIMARY UNDERLYING CAUSE of death was Double of the property of the pr	ds.
(2a) Residence, No	(If nonresident give city or town and State ds. How long in U. S. if of foreign birth? yrs. mos.  21. DATE OF DEATH (month, day, and year) 4- 3  22. I HEREBY CERTIFY, That I attended deceased from 19 to 19 ; death is said to have occurred date stated above, at m.  The PRIMARP UNDERLYING CAUSE of death was Double of the primary of the	ds.
Trade, profession, or particular kind of work done, as engineer (type of), miner, sawyer, bookkeeper, etc. Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc.  Date deceased last worked at this occupation (month, and year)  ACTHPLACE (city or town)  ACCOLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write she word)  DATE OF BIRTH (month, day, and year)  1. Total time (years) spent in this occupation  1. Total time (years) spent in this occupation  2. THPLACE (city or town)  3. THPLACE (city or town)	(If nonresident give city or town and State ds. How long in U. S. if of foreign birth? yrs. mos.  21. DATE OF DEATH (month, day, and year) 4- 3  22. I HEREBY CERTIFY, That I attended deceased from 19 to 19 ; death is said to have occurred date stated above, at m.  The PRIMARP UNDERLYING CAUSE of death was Double of the primary of the	ds.
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Married, widowed, or divorced USBAND of WINGLE OF BIRTH (month, day, and year)  Years Months Days If LESS than 1 day, hrs. or min.  Trade, profession, or particular kind of work done, as engineer (type of), miner favore, bookkeeper, etc. midustry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc.  Date deceased last worked at this occupation (month) and year)  ATHPLACE (city or town)  ATHPLACE (city or town)  ATHPLACE (city or town)	21. DATE OF DEATH (month, day, and year) 4-3  22. I HEREBY CERTIFY, That I attended deceased from 19 to 193 ; death is said to have occurred date stated above, at m.  The PRIMARY UNDERLYING CAUSE of death was Double of the primary	dive on on the
married, widowed, or divorced USBAND of the control	22. I HEREBY CERTIFY, That I attended deceased from  19 to 193; death is said to have occurred date stated above, at m.  The PRIMAR UNDERLYING CAUSE of death was  Contributory causes of importance in order of onset;  Du	on the
Trade, profession, or particular kind of work done, as engineer (type of), miner sawyer, bookkeeper, etc.  Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc.  Date deceased last worked at this occupation (month) and year)  ATHPLACE (city or town)  ATHPLACE (city or town)  ATHPLACE (city or town)	19 to Shil / 3 1 Mb / 93 t saw h / Ma  193 t death is said to have occurred date stated above, at	on the
Trade, profession, or particular kind of work done, as engineer (type of), miner sawyer, bookkeeper, etc.  Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc.  Date deceased last worked at this occupation (month) and year)  Trade, profession, or particular kind of work done, as engineer (type of), miner sawyer, bookkeeper, etc.  Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc.  Date deceased last worked at this occupation (month) and year)  Trade, profession, or particular kind of work done, as railway, miner, sawyer, bookkeeper, etc.  Industry or business in which work was done, as railway, miner, (kind of) saw mill, bank, etc.  Date deceased last worked at this occupation (month) and year)	date stated above, atm.  The PRIMAR UNDERLYING CAUSE of death was	
Years Months Days If LESS than 1  4	The PRIMARY UNDERLYING CAUSE of death was  Proposition 3  Contributory causes of importance in order of onset:  Du	uration 7
Trade, profession, or particular kind of work done, as engineer (type of), miner sawyer, bookkeeper, etc.  Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc.  Date deceased last worked at this occupation (month and year)  THPLACE (city or town)  THPLACE (city or town)	Chronic Hameulis  Rephter  Contributory causes of importance in order of onset:  Du	Z-
Trade, profession, or particular kind of work done, as engineer (type of), miner sawyer, bookkeeper, etc. Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc.  Date deceased last worked at this occupation (month and year)  THPLACE (city or town)  THPLACE (city or town)  The control of the contr		ina
sawyer, bookkeeper, etc.  Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc.  Date deceased last worked at this occupation (month) and year)  THPLACE (city or town)  ATHPLACE (city or town)		
Date deceased last worked at this occupation (month and year)  STHPLACE (city or town)  The control of the control occupation (month and year)  The control occupation (month and year)		uration
at this occupation (month) 37 spent in this occupation  ATHPLACE (city or town)  tate or country)  Spent in this occupation  This occupation  The property of		
tate or country)	(2)	
	(3)	
NAME (Daine)	Did an operation precede death?	*********
BIRTHPLACE (city or town)	2)	· · · · · ·
(State or country)	Date of operation Was there an autopsy?	ladi
NAME (Print) anna Boyn	23. If death was due to external causes (violence) fill in also the following Accident, suicide or homicide?	
BIRTHPLACE (city or town) (State or country)	Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public of	
FORMANT ( 2 3	Specify whether injury occurred in industry, in home, or in public p	place.
ried at O of the Men	Manner of injury	
or Oak / Date 7-7 19   Date 4-7 (Gremation-No Yes)	Nature of injury	
DERTAKER ddfress)	24. Was disease or injury in any way related to occupation of deceased	?
" Suite of	If so, specify of Thombere	M. D.
ed 7 - 7 , 192 / Southern Registrar.	(Address)	, M. D.
or	No. in Registration Book  Above numbers to be filled in only by local registrar or his deputy.)	
No. All death occurre	St.,d in a hospital or institution, give its NAME instead of street and number)	Ward
L NAME (Please PRINT names in capitals)	CALL	
(2a) Residence No A 2 Phones tor	St., Ward	
(Usual place of abode) of residence in city or town where death occurred yrs. mos.	(If nonresident give city or town and State ds. How long in U. S. if of foreign birth? yrs. mos.	e) ds.
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (month, day, and year) 5-/3	1937
A CONTRACTOR OF THE PROPERTY O	22. I HEREBY CERTIFY, That I attended deceased from	
married, widowed, or divorced USBAND of I) WIFE of	19	
1 1-122-	date stated above, at 7 30 m.	on the
Years   Months   Days   If LESS than 1	THE DRIVE DE VINDEN VINDEN CONTRA CON	ıration
60	Caring falorosis	7=
rade, profession, or particular kind of work done, as engineer (type of), miner, sawyer, bookkeeper, etc.	y ,	)
ndustry or hyginass in which work	Contributory causes of importance in order of onset:	ration
Date deceased last worked   11 Total time (years)	(1)	
at this occupation (month 1938 spent in this 37 and year)	(3)	·>>
	Did an operation precede death?	
THPLACE (city or town)	If so, state condition for which it was undertaken	
THPLACE (city or town) / Lungtonf		
NAME (Print) France (city or town) BIRTHPLACE (city or town) BIRTHPLACE (city or town)	N	
THPLACE (city or town)  NAME (Print)  BIRTHPLACE (city or town)  (State or country)  MAIDEN  CTHPLACE (city or town)  Suppression  State or country)	Date of operation Was there an autopsy?	
THPLACE (city or town) Yuntbord tate or country)  NAME (Print) Hans folter  BIRTHPLACE (city or town) Getter  (State or country)  MAIDEN NAME (Print) Henrytha J	23. If death was due to external causes (violence) fill in also the following Accident, suicide or homicide? Date of injury	ing:
THPLACE (city or town)  NAME (Print)  BIRTHPLACE (city or town)  (State or country)  MAIDEN  CTHPLACE (city or town)  Suppression  State or country)	23. If death was due to external causes (violence) fill in also the following Accident, suicide or homicide? Date of injury.  Where did injury occur? (Specify city or town, county, and State)	ing:
THPLACE (city or town)  NAME (Print)  BIRTHPLACE (city or town)  (State or country)  MAIDEN  NAME (Print)  BIRTHPLACE (city or town)  BIRTHPLACE (city or town)	23. If death was due to external causes (violence) fill in also the followi	ing:
THPLACE (city or town)  NAME (Print)  BIRTHPLACE (city or town)  (State or country)  MAIDEN  NAME (Print)  BIRTHPLACE (city or town)  Gitate or country)  MAIDEN  NAME (Print)  FORMANT  CORMANT  Cormant	23. If death was due to external causes (violence) fill in also the following Accident, suicide or homicide? Date of injury.  Where did injury occur? (Specify city or town, county, and State)	ing:
THPLACE (city or town)  NAME (Print)  BIRTHPLACE (city or town)  (State or country)  MAIDEN  NAME (Print)  BIRTHPLACE (city or town)  (State or country)  ORMANT  CORMANT  COR	23. If death was due to external causes (violence) fill in also the following Accident, suicide or homicide? Date of injury.  Where did injury occur? (Specify city or town, county, and State)  Specify whether injury occurred in industry, in home, or in public public public of injury.  Manner of injury.	ing: _19
THPLACE (city or town)  NAME (Print)  BIRTHPLACE (city or town)  (State or country)  MAIDEN  NAME (Print)  BIRTHPLACE (city or town)  (State or country)  ORMANT  CORMANT  COR	23. If death was due to external causes (violence) fill in also the following Accident, suicide or homicide? Date of injury Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public public public of injury	ing: _19
THPLACE (city or town)  NAME (Print)  BIRTHPLACE (city or town)  (State or country)  MAIDEN  NAME (Print)  BIRTHPLACE (city or town)  (State or country)  WAIDEN  NAME (Print)  BIRTHPLACE (city or town)  (State or country)  CORMANT  CORMA	23. If death was due to external causes (violence) fill in also the following Accident, suicide or homicide? Date of injury.  Where did injury occur? (Specify city or town, county, and State)  Specify whether injury occurred in industry, in home, or in public public public public of injury.  Manner of injury Nature of injury any way related to occupation of deceased of the state	ing: _19

1. PLACE OF DEATH	STATE OF MINNESOTA	16
County Mille Jaw	Division of Vital Statistics	
Township Promeeto	CERTIFICATE OF DEATH	
or Z-Village Reg. District No	No. in Registration Book.  (Above numbers to be filled in only by local registrar or his deputy.)	
or	(Above numbers to be filled in only by local registrar or his deputy.)	
CityNo	rred in a hospital or institution, give its NAME instead of street and number)	ard
2. FULL NAME August Scholes (Please PRINT names in capitals)	ener.	
(2a) Residence, No.	St., Ward	
(Usual place of abode)  Length of residence in city or town where death occurred yrs. more	(If nonresident give city or town and State) s. ds. How long in U. S. if of foreign birth? yrs. mos.	ds.
Length of residence in city or town where death occurred yrs. most 3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,		OS.
OR DIVORCED (write the word)	21. DATE OF DEATH (month, day, and year) May 3 190	0
maried married	22. I HEREBY CERTIFY, That I attended deceased from	ſ
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Schlerne	192, to 192. I last saw h 1 alive	
6. DATE OF BIRTH (month, day, and year)	date stated above, at 4 45 m.	
7. AGE Years   Months   Days   If LESS than 1	The PRIMARY UNDERLYING CAUSE of death was . Durati	ion
76 2 15 day,hrs.	Coramona of theseswed 3-	4
8. Trade, profession, or particular kind of	Thou Thou	12
work done, as engineer (type of), miner, James.		- Manage
work done, as engineer (type of), miner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc.  10. Date deceased last worked   11 Total time (years)	Contributory causes of importance in order of onset: Duration	on
saw mill, bank, etc.  10. Date deceased last worked   11 Total time (years)	(1)	1.
at this occupation (month and year) spent in this occupation	(2) Sampetine gr	-,U
12. BIRTHPLACE (city or town)	_(3)	
(State or country)	Did an operation precede death?	Δ
13. NAME (Print) Johnson Schlener 14. BIRTHPLACE (city or town)	If so, state condition for which it was undertaken	p.
14. BIRTHPLACE (city or town) Lemma (State or country)	Date of operation Was there an autopsy?	
15. MAIDEN NAME (Print)	23. If death was due to external causes (violence) fill in also the following:	
NAME (Print)  16. BIRTHPLACE (city or town)	Accident, suicide or homicide?	
(State or country)	Where did injury occur? (Specify city or town, county, and State)  Specify whether injury occurred in industry, in home, or in public place	
17. INFORMAND A Schlemer,	Specify whether injury occurred in industry, in home, or in public place	е.
18 Buried at P	Manner of injury	7
Removed to Date (Cremation—No Yes)	·Nature of injury	- M
19. UNDERTAKER C Callson	24. Was disease or injury in any way related to occupation of deceased?  If so, specify	18
20. Filed June 9 , 19 Ges Forchard Registrar.	(Signed) Homesey, M.	D.
and Booting.		

165

1. PLACE OF DEATH	STATE OF MINNESOTA
County Mafle Jack	Division of Vital Statistics
Township Princeto-	CERTIFICATE OF DEATH
or Reg. District No	No. in Registration Book.  (Above numbers to be filled in only by local registrar or his deputy.)
ityNo,	St., Ward
(If death occur	rred in a hospital or institution, give its NAME instead of street and number)
FULL NAME (Please PRINT names in capitals)	
(2a) Residence, No.	St. Ward
(Usual place of abode)	(If nonresident give city or town and State)
ength of residence in city or town where death occurrety yrs. mos	s. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (month, day, and year) 1938
Timeall Married	22. I HEREBY CERTIFY, That I attended deceased from
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	19 to may 6 19 I last saw her alive on
DATE OF BIRTH (month, day, and year)	date stated above, at 7 Am.
AGE Years Months Days If LESS than 1 day, hrs.	The PRIMARY UNDERLYING CAUSE of death was Duration
77 - or min.	Cerifal Yesponege -
8. Trade, profession, or particular kind of work done, as engineer (type of), miner	70
work done, as engineer (type of), miner sawyer, bookkeeper, etc.	pic .
9. Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc.	Contributory causes of importance in order of onset: Duration
10. Date deceased last worked 11 Total time (years)	(1) Syferance J
at this occupation fronth and year) spent in this occupation	(2)
2. BIRTHPLACE (city or town ) Self-	(3)
(State or country)	Did an operation precede death? 20
13. NAME (Printy, Schram.	If so, state condition for which it was undertaken
14. BIRTHPLACE (city or town) Levens	Date of operation 20 Was there an autopsy?
15. MAIDEN TO THE	23. If death was due to external causes (violence) fill in also the following:
NAME (Print) Magnifus Tales	Accident, suicide or homicide?
16. BIRTHPLACE (city or (town) (State or country)	Where did injury occur?
7. INFORMANT	Where did injury occur?  (Specify city or town, county, and State)  Specify whether injury occurred in industry, in home, or in public place.
(Address) Hyd Lour	
8 Buried at 9 15 16 20	Manner of injury
Removed to Date (Cremation—No Yes)	Nature of injury
9. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
d'a many	If so, specify
0. Filed Frank 9, 08 Tes Dorchard	(Signed) M. D.
Registra.	(Address) [MWW]

1. PLACE OF DEATH	STATE OF MINNESOTA Division of Vital Statistics	å,
County Williams	CERTIFICATE OF DEATH	distra
Township And Reg. District No.		-Regi
villageor	(Above numbers to be filled in only by local registrar or his deputy.)	du S.
2 1 1 m 1 1 73	St., cured in a hospital or institution, give its NAME instead of street and number)	Ward
Picker PRINT names in capitals)	gua	
(2a) Residence, No. (Usual place of abode)	St., Ward (If nonresident give city or town and	State)
Length of residence in city or town where death occurred yrs. m  B. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED	nos. ds. How long in U. S. if of foreign birth? yrs. m	os. ds.
Female ON DIVÓRCED (write the word	21. DATE OF DEATH (month, day, and year)	1907
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from	7
HUSBAND of (or) WIFE of	Ort 1 138; death is said to have occur	
5. DATE OF BIRTH (month, day, and year) 23   889	date stated above, at 700/0 m.	+
49 0 10 day,hrs.	The PRIMARY UNDERLYING CAUSE of death was	Duration
8. Trade, profession, or particular kind of	comany hrumfores,	32'
	-	1
sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc.  10. Date deceased last worked   11 Total time (years)	Contributory causes of importance in order of onset:	Duration
at this occupation (month 4 / 2 spent in this	(2) Coronary Selaria	wa.
and year) Old 67 38 occupation	(3)	
2. BIRTHPLACE (city or town) (State or country)	Did an operation precede death?	
13. NAME (Print) Chon Euchson	If so, state condition for which it was undertaken	
13. NAME (Print) Change Control (State or country)	Date of operation	in a
15 MAIDEN	23. If death was due to external causes (violence) fill in also the fo	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME
16. BIRTHPLACE (city or town)	Accident, suicide or homicide? Date of injury	19
(State or country)	Where did injury occur?  (Specify city or town, county, and Specify whether injury occurred in industry, in home, or in put	State) olic place.
17. INFORMANT J Bullbord	Specify whether injury occurred in industry, in noise, or in par-	
8 Buried at Dole / Year N 10-7 P	Manner of injury	
Removed to Date (Cremation-No Yes)	-	
9. UNDERTAKER Sullne	24. Was disease or injury in any way related to occupation of dece	ased?
20. Filed Or & 9 . & Geo Breekash	(Signed 1 19 Blownferg	M.D. 2
Registrar.	(Address) Timeeton	× ×
PLACE OF DEATH	STATE OF MINNESOTA	ŝ
County Mille Tair	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH	egistrar.
County Mille Jack Township Princetton	Division of Vital Statistics CERTIFICATE OF DEATH	ub-Registrar.
County Mille Tays  Township Punction  Village Reg. District No.  City No.	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,	Sub-Registrar,
County Mile Jay Reg. District No. Village No. (If death of the first o	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)	Sub-Registrar,
County Mile Township or Reg. District No. Village No. (If death of the City No. (If death of the	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  curred in a hospital or institution, give its NAME instead of street and number)	Sub-Registrar,
County Mello Township or Reg. District No.  City No. (If death of the price of the	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  burred in a hospital or institution, give its NAME instead of street and number)  St.,  Ward  (If nonresident give city or town and	State)
County Mello Township Provided	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  curred in a hospital or institution, give its NAME instead of street and number)  St.,  Ward (If nonresident give city or town and loss. ds. How long in U. S. if of foreign birth? yrs. me	State) s. ds.
County Mello Township or Reg. District No.  Willage No. (If death of the PRINT pames in capitals)  (2a) Residence, No. (Usual place of abode)  Length of residence in city or town where death occurred 3 kyrs. 7 mm	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  burred in a hospital or institution, give its NAME instead of street and number)  St.,  Ward (If nonresident give city or town and loss. ds. How long in U. S. if of foreign birth? yrs. me	State)
County Marie County Or County Or County Or City Reg. District No.  City No. (If death of City or County of County of County of City Or County of C	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  Eurred in a hospital or institution, give its NAME instead of street and number)  St.,  Ward (If nonresident give city or town and los. ds. How long in U. S. if of foreign birth? yrs. mo	State) 98. ds. 193.6
County Marie Township or Reg. District No.  City No. (If death of the county of the co	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  burred in a hospital or institution, give its NAME instead of street and number)  St.,  Ward (If nonresident give city or town and loss. ds. How long in U. S. if of foreign birth? yrs. me	State) ps. ds. 1936 224
County County County Or City Reg. District No.  City No. (If death of City or town where death occurred Syrs. m. Length of residence in city or town where death occurred Syrs. m. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word HUSBAND of (or) WIFE of County of County of County or divorced HUSBAND of (or) WIFE of County of Cou	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  St.,  Turred in a hospital or institution, give its NAME instead of street and number)  St.,  Ward (If nonresident give city or town and los.  ds. How long in U. S. if of foreign birth? yrs. me  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 1938 to 2027  1938; death is said to have occur date stated above, at 1. 4 34m.	State) ps. ds. 1936 224
County County County Or City Or City No. (If death of City Or City No. (If death of City Or Ci	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  St.,  St.,  Ward  (If nonresident give city or town and los.  ds. How long in U. S. if of foreign birth? yrs. mo  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 1938 to 2021  1938; death is said to have occur date stated above, at 1. 754m.  The PRIMARY UNDERLYING CAUSE of death was	State) ps. ds. 1936 224
County Co	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  St.,  St.,  Ward  (If nonresident give city or town and los.  ds. How long in U. S. if of foreign birth? yrs. mo  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 1938 to 2021  1938; death is said to have occur date stated above, at 1. 754m.  The PRIMARY UNDERLYING CAUSE of death was	State) 19 3 6 2 2 4  Malive on red on the
County Months or Willage Reg. District No.  City No. (If death of the state of the	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  St.,  St.,  Ward  (If nonresident give city or town and sos. ds. How long in U. S. if of foreign birth? yrs. mo  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 1938 to 2021 3 1938; death is said to have occur date stated above, at 1938; death is said to have occur date stated above, at 1938; death was	State) ss. ds.  19 3 6 2 2 4  White on red on the  Duration
County Cownship or Gillage Reg. District No. City No. Cit	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  St.,  St.,  Ward  (If nonresident give city or town and los.  ds. How long in U. S. if of foreign birth? yrs. mo  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 1938 to 2021  1938; death is said to have occur date stated above, at 1. 754m.  The PRIMARY UNDERLYING CAUSE of death was	State) 19 3 6 2 2 2  Malive on red on the
County Cownship or City Reg. District No. City N	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  St.,  St.,  Ward  (If nonresident give city or town and sos. ds. How long in U. S. if of foreign birth? yrs. mo  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 1938 to 2021 3 1938; death is said to have occur date stated above, at 1938; death is said to have occur date stated above, at 1938; death was	State) ss. ds.  19 3 6 2 2 4  White on red on the  Duration
County Cownship or Gildage Reg. District No. City Company in capitals)  Can Residence, No. City or town where death occurred No. City or town where death occurred No. City or town where death occurred No. City	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  St.,  Unred in a hospital or institution, give its NAME instead of street and number)  St.,  Ward  (If nonresident give city or town and los. ds. How long in U. S. if of foreign birth? yrs. me  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 1938 to 2013  1938 is death is said to have occur date stated above, at 1. 7 34m.  The PRIMARY UNDERLYING CAUSE of death was  Contributory causes of importance in order of onset:  (I)	State) 19 3 4 2 4 Avalive on red on the  Duration  Duration
County Cownship or Gild County or City or City No. (If death of Ci	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  St.,  Ward  (If nonresident give city or town and los. ds. How long in U. S. if of foreign birth? yrs. me  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 1938 to 1938; death is said to have occur date stated above, at 1. 236; death was  The PRIMARY UNDERLYING CAUSE of death was  Contributory causes of importance in order of onset:  (1)  (2)	State) ss. ds.  19 3 6 2 2  Mulive on red on the  Duration  Duration
County Co	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  St.,  St.,  Ward  (If nonresident give city or town and los.  ds. How long in U. S. if of foreign birth? yrs. mo  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from los.  1938 to 2021  1938 i death is said to have occur date stated above, at 1. 4 5 4m.  The PRIMARY UNDERLYING CAUSE of death was  Contributory causes of importance in order of onset:  (1)  Contributory causes of importance in order of onset:  (2)  (3)  Did an operation precede death?  If so, state condition for which it was undertaken	State)  ss. ds.  1936  2236  Availive on red on the  Duration  Duration
County Cownship or Reg. District No. Or City No. (If death of the control of the country) Reg. District No. (If death of the country Reg. District No. (If death of the co	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.  St.  Lurred in a hospital or institution, give its NAME instead of street and number)  St.,  Ward (If nonresident give city or town and los. ds. How long in U. S. if of foreign birth? yrs. me  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 193 to 202 1938; death is said to have occur date stated above, at 1938; death is said to have occur date stated above, at 1938; death was  Contributory causes of importance in order of onset:  (1)  Contributory causes of importance in order of onset:  (2)  (3)  Did an operation precede death?  If so, state condition for which it was undertaken	State)  ss. ds.  1936  2236  Availive on red on the  Duration
County	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  St.,  St.,  Ward  (If nonresident give city or town and los.  ds. How long in U. S. if of foreign birth? yrs. mo  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from los.  1938 to 2021  1938 i death is said to have occur date stated above, at 1. 4 5 4m.  The PRIMARY UNDERLYING CAUSE of death was  Contributory causes of importance in order of onset:  (1)  Contributory causes of importance in order of onset:  (2)  (3)  Did an operation precede death?  If so, state condition for which it was undertaken	State)  os. ds.  1936  2236  Availive on red on the  Duration  Duration
County Township or Reg. District No. Or City No. (If death of the control of the	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  St.,  St.,  Ward  (If nonresident give city or town and los. ds. How long in U. S. if of foreign birth? yrs. me  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from log.  1938 it last saw has  Oct - 22 1938; death is said to have occur date stated above, at 1. 4 34m.  The PRIMARY UNDERLYING CAUSE of death was  Contributory causes of importance in order of onset:  (1)  (2)  (3)  Did an operation precede death?  If so, state condition for which it was undertaken  Date of operation.  Was there an autopsy?  23. If death was due to external causes (violence) fill in also the fol Accident, suicide or homicide?  Date of injury.	State) 19 3 4 2 4 Avalive on red on the  Duration Duration
County Township.  Formula or Village	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  St.,  St.,  Ward (If nonresident give city or town and os. ds. How long in U. S. if of foreign birth? yrs. mo  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from O2  1938 to O2 1938; death is said to have occur date stated above, at J. J.Am.  The PRIMARY UNDERLYING CAUSE of death was  Contributory causes of importance in order of onset: (1)  (2)  (3)  Did an operation precede death?  If so, state condition for which it was undertaken  Date of operation  Was there an autopsy?  23. If death was due to external causes (violence) fill in also the fol Accident, suicide or homicide?  Date of injury.  Where did injury occur?	State) ss. ds.  19 3 4 2 2  Availive on red on the  Duration  Duration  J  Jowing:  19
County Cownship or City Reg. District No. Or City No. (If death of City No. (It death of	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  St.,  St.,  Ward  (If nonresident give city or town and los. ds. How long in U. S. if of foreign birth? yrs. me  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from log.  1938 it last saw has  Oct - 22 1938; death is said to have occur date stated above, at 1. 4 34m.  The PRIMARY UNDERLYING CAUSE of death was  Contributory causes of importance in order of onset:  (1)  (2)  (3)  Did an operation precede death?  If so, state condition for which it was undertaken  Date of operation.  Was there an autopsy?  23. If death was due to external causes (violence) fill in also the fol Accident, suicide or homicide?  Date of injury.	State) ss. ds.  19 3 4 2 2  Availive on red on the  Duration  Duration  J  Jowing:  19
County Applied Township County Or Township County Or Village Core Village Core City Case PRINT name in capitals)  2. FULL NAME Case PRINT name in capitals)  (2a) Residence, No Cusual place of abode)  Length of residence in city or town where death occurred Or Divorced Core Wife of Core Wife	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  St.,  St.,  Ward (If nonresident give city or town and os. ds. How long in U. S. if of foreign birth? yrs. mo  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from O2  1938 to O2 1938; death is said to have occur date stated above, at J. J.Am.  The PRIMARY UNDERLYING CAUSE of death was  Contributory causes of importance in order of onset: (1)  (2)  (3)  Did an operation precede death?  If so, state condition for which it was undertaken  Date of operation  Was there an autopsy?  23. If death was due to external causes (violence) fill in also the fol Accident, suicide or homicide?  Date of injury.  Where did injury occur?	State) ss. ds.  19 3 4 2 2  Availive on red on the  Duration  Duration  J  Jowing:  19
County Applied Township or Reg. District No. Or City No. (If death of the country) Reg. District No. (If death of the country) Reg. (If death of the country Reg.	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  burred in a hospital or institution, give its NAME instead of street and number)  St.,  Ward  (If nonresident give city or town and os. ds. How long in U. S. if of foreign birth? yrs. me  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from CO  193 to CO  193 i last saw have  Oct - 23  1938; death is said to have occur date stated above, at 1. 4 5 Am.  The PRIMARY UNDERLYING CAUSE of death was  Contributory causes of importance in order of onset:  (1)  (2)  (3)  Did an operation precede death?  If so, state condition for which it was undertaken  Date of operation  Was there an autopsy?  23. If death was due to external causes (violence) fill in also the fol Accident, suicide or homicide?  Date of injury  Where did injury occur?  (Specify city or town, county, and Specify whether injury occurred in industry, in home, or in put  Manner of injury  Nature of injury	State)  ss. ds.  19 3 6  2 2 2  Availive on red on the  Duration  Duration  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
County Township (If death of country)  Fownship (III)  City (III)  Reg. District No. (III)  City (III)  Reg. District No. (III)  (III)  Reg. District No. (III)  (I	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  St.,  Lurred in a hospital or institution, give its NAME instead of street and number)  St.,  Ward  (If nonresident give city or town and loss. ds. How long in U. S. if of foreign birth? yrs. ms.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from Certain and the local state of above, at 1. 1938; death is said to have occur date stated above, at 1. 1938; death was deceased from Certain and the local state of the local st	State)  ss. ds.  19 3 6  2 2 2  Availive on red on the  Duration  Duration  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
County Township or Willage Reg. District No. Or Oity No (If death of City No (If death of City Or Cit	Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  burred in a hospital or institution, give its NAME instead of street and number)  St.,  Ward  (If nonresident give city or town and os. ds. How long in U. S. if of foreign birth? yrs. me  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from CO  193 to CO  193 i last saw have  Oct - 23  1938; death is said to have occur date stated above, at 1. 4 5 Am.  The PRIMARY UNDERLYING CAUSE of death was  Contributory causes of importance in order of onset:  (1)  (2)  (3)  Did an operation precede death?  If so, state condition for which it was undertaken  Date of operation  Was there an autopsy?  23. If death was due to external causes (violence) fill in also the fol Accident, suicide or homicide?  Date of injury  Where did injury occur?  (Specify city or town, county, and Specify whether injury occurred in industry, in home, or in put  Manner of injury  Nature of injury	State)  ss. ds.  19 3 6  2 2 2  Malive on red on the  Duration  Duration  Duration  19 3 6  2 10 19 10 10 10 10 10 10 10 10 10 10 10 10 10

1. PLACE OF DEATH	STATE OF MINNESOTA
County Dulle Lacs	Division of Vital Statistics
Township Princeton	CERTIFICATE OF DEATH
Village Reg. District No	No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)
CityNo,	St., Ward
( ) VASOAT Z/ A OV	red in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME (Please PRINT names in capitals)	
(2a) Residence, No. P. 2 Presidence (Usual place of abode)	St., Ward (If nonresident give city or town and State)
Length of residence in city or town where death occurred 2 Oyrs. mos	
3 SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word)	21. DATE OF DEATH (month, day, and year) (0 1. 18 - 1938
Male wh married	22. I HEREBY CERTIFY, That I attended deceased from Mau
5a. If married, widowed, or divorced	1938 to Qot - / 8 1938 I last saw hi Malive On
(or) WIFE of // yalle Hochen.	Qcl 18 1938; death is said to have occurred on the
6. DATE OF BIRTH (month, day, and year)  7. AGE Years   Months   Days   If LESS than 1	date stated above, at . O . m.
61 7 5 day,hrs.	The PRIMARY UNDERLYING CAUSE of death was Duration
8. Trade, profession, or particular kind of	
work done, as engineer (type of), miner, Famuer	
work done, as engineer (type of), miner, for sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc.  10. Date deceased last worked y11 Total time (years)	Contributory causes of importance in order of onset: Duration
10. Date deceased last worked at this occupation (month / 92   11 Total time (years) spent in this	(1)
and year) 30 occupation 3340	(3) Brustinia & Reformedly 7
12. BIRTHPLACE (city or town) (State or country)	Did an operation precede death?
# 13. NAME (Print) Joseph In Hoelm	If so, state condition for which it was undertaken
13. NAME (Print)  14. BIRTHPLACE (city or town)	200
(State or country)	Date of operation Was there an autopsy? //
16. BIRTHPLACE (city or town)	Accident, suicide or homicide?
16. BIRTHPLACE (city or town)	Where did injury occur?(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
17. INFORMANT Mrs albert Hoelin.	Specify whether injury occurred in industry, in home, or in public place.
(Address) P-2 - Princetone	Manner of injury
18 Buried at Coremation—No Yes)  19 38  Removed to Yes)	·Nature of injury
19. UNDERTAKER A. H. GLEVEN	24. Was disease or injury in any way related to occupation of deceased?
(Address) Princeton Men	If so, specify
-0	
20. Filed 100 16 , 1938 300 10 orange	(Signed) M.D.
20. Filed 15U-16., 1938 825 13 or Registrar.	(Signed) M.D. (Address) M.D.
Registrar.	(Address) Princeton min
1. PLACE 9F DEATH	No.
1. PLACE OF DEATH County Mille Loves	STATE OF MINNESOTA
1. PLACE OF DEATH County Mille Love Township Processor	STATE OF MINNESOTA Division of Vital Statistics CERTIFICATE OF DEATH No. in Registration Book
1. PLACE OF DEATH  County Mille Tore  Township Or  Village Reg. District No.	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book
1. PLACE OF DEATH  County Mille Fore Township Or Reg. District No.	STATE OF MINNESOTA Division of Vital Statistics CERTIFICATE OF DEATH No. in Registration Book
1. PLACE OF DEATH  County Mille Love  Township Or Reg. District No  City No  2. FULL NAME County Medical	STATE OF MINNESOTA Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book.  (Above numbers to be filled in only by local registrar or his deputy.)
1. PLACE OF DEATH  County Coun	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward  St., Ward
1. PLACE OF DEATH  County Mille Love  Township Or Reg. District No  Village Reg. District No  City No  (If death occur  (Please PRINT pames in capitals)	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward red in a hospital or institution, give its NAME instead of street and number)  St., Ward (If nonresident give city or town and State)
1. PLACE OF DEATH  County  Township  or  Village  Reg. District No.  (If death occur  (Please PRINT names in capitals)  (2a) Residence, No.  (Usual place of abode)  Length of residence in city or town where death occurred yrs. mos  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward  Ted in a hospital or institution, give its NAME instead of street and number)  St., Ward  (If nonresident give city or town and State)  ds. How long in U. S. if of foreign birth? 3 tyrs. mos. ds.
1. PLACE OF DEATH  County  Township  Or  Village  Or  City  No.  (If death occur  (Please PRINT names in capitals)  (2a) Residence, No.  (Usual place of abode)  Length of residence in city or town where death occurred yrs. most	STATE OF MINNESOTA Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward red in a hospital or institution, give its NAME instead of street and number)  St., Ward (If nonresident give city or town and State) ds. How long in U. S. if of foreign birth? 3 yrs. mos. ds.  21. DATE OF DEATH (month, day, and year)
1. PLACE OF DEATH  County Coun	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward  Ted in a hospital or institution, give its NAME instead of street and number)  St., Ward  (If nonresident give city or town and State)  ds. How long in U. S. if of foreign birth? 3 tyrs. mos. ds.
1. PLACE OF DEATH  County  Township  or  Village  Reg. District No.  (If death occur  (Please PRINT names in capitals)  (2a) Residence, No.  (Usual place of abode)  Length of residence in city or town where death occurred yrs. mos  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward red in a hospital or institution, give its NAME instead of street and number)  St., Ward  (If nonresident give city or town and State)  ds. How long in U. S. if of foreign birth? 3 syrs. mos. ds.  21. DATE OF DEATH (month, day, and year)  1938  22. I HEREBY CERTIFY, That I attended deceased from
1. PLACE OF DEATH  County  Township  or  Village  City  No.  (If death occu  (Please PRINT names in capitals)  (2a) Residence, No.  (Usual pidee of abode)  Length of residence in city or town where death occurred yrs. mos  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5a. If married, widowed, or divorced  HUSBAND of  (or) WIFE of  6. DATE OF BIRTH (month, day, and year)	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward (If nonresident give city or town and State)  St., Ward  (If nonresident give city or town and State)  ds. How long in U. S. if of foreign birth? 3 yrs. mos. ds.  21. DATE OF DEATH (month, day, and year)  193  193  1 last saw II malive on
1. PLACE OF DEATH  County  Township  or  Village  OF  City  No.  (If death occur  2. FULL NAME  (Please PRINT names in capitals)  (2a) Residence, No.  (Usual place of abode)  Length of residence in city or town where death occurred yrs.  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  OR DIVORCED (write the word)  5a. If married, widowed, or divorced  HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day,	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward red in a hospital or institution, give its NAME instead of street and number)  St., Ward  (If nonresident give city or town and State)  ds. How long in U. S. if of foreign birth? Syrs. mos. ds.  21. DATE OF DEATH (month, day, and year)  193  22. I HEREBY CERTIFY, That I attended deceased from 193  193  193  193  194  195  196  197  198  198  198  199  199  199  199
1. PLACE OF DEATH  County  Township  Or  Village  Or  City  No.  (If death occur  2. FULL NAME  (Please PRINT names in capitals)  (2a) Residence, No.  (Usual place of abode)  Length of residence in city or town where death occurred yrs.  3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  Township  OR DIVORCED (write the word)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1  day,hrs. ormin.	STATE OF MINNESOTA Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward red in a hospital or institution, give its NAME instead of street and number)  St., Ward (If nonresident give city or town and State) ds. How long in U. S. if of foreign birth? 3 yrs. mos. ds.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 193 to 20 1 1 last saw 1 walive on 193 death is said to have occurred on the date stated above, at 1, 3 2 Am.
1. PLACE OF DEATH  County  Township  Or  Village  OF  City  No  (If death occur  2. FULL NAME  (Please PRINT names in capitals)  (2a) Residence, No  (Usual place of abode)  Length of residence in city or town where death occurred yrs. most of Drivorced (write the word)  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5a. If married, widowed, or divorced (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day,hrs. ormin.	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St. Ward  Ted in a hospital or institution, give its NAME instead of street and number)  St. Ward  (If nonresident give city or town and State)  ds. How long in U. S. if of foreign birth? 3 yrs. mos. ds.  21. DATE OF DEATH (month, day, and year)  193  22. I HEREBY CERTIFY, That I attended deceased from 193  193  193  193  193  193  193  193
1. PLACE OF DEATH  County  Township  Or  Village  OF  City  No  (If death occur  2. FULL NAME  (Please PRINT names in capitals)  (2a) Residence, No  (Usual place of abode)  Length of residence in city or town where death occurred yrs. most of Drivorced (write the word)  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5a. If married, widowed, or divorced (usual place of abode)  HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day,hrs. ormin.	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward (If nonresident give city or town and State)  ds. How long in U. S. if of foreign birth? 3 yrs. mos. ds.  21. DATE OF DEATH (month, day, and year)  193  22. I HEREBY CERTIFY, That I attended deceased from 193  193  193  193  193  193  193  193
1. PLACE OF DEATH  County Coun	STATE OF MINNESOTA Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward  (If nonresident give city or town and State)  ds. How long in U. S. if of foreign birth?  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from  192. to 1936 I last saw by alive on  1936 death is said to have occurred on the date stated above, at 1936 death was  Duration  Contributory causes of importance in order of onset:  Duration  (1)
1. PLACE OF DEATH  County  Township  or  Village  OF  City  No  (If death occur  2. FULL NAME  (Please PRINT names in capitals)  (2a) Residence, No  (Usual place of abode)  Length of residence in city or town where death occurred yrs. most of DR DIVORCED (write the word)  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day,hrs. ormin.	STATE OF MINNESOTA Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward  (If nonresident give city or town and State)  ds. How long in U. S. if of foreign birth?  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from  19. to 19. I last saw by a alive on  Q. 19. I last saw by a alive on  Contributory causes of importance in order of onset:  (I)  Contributory causes of importance in order of onset:  Duration  Duration  (1)  (2)
1. PLACE OF DEATH  County  Township.  Or  Village	STATE OF MINNESOTA Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St
1. PLACE OF DEATH  County  Township.  or  Village	STATE OF MINNESOTA Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward  (If nonresident give city or town and State)  ds. How long in U. S. if of foreign birth?  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from  19. to 19. I last saw by a alive on  Q. 19. I last saw by a alive on  Contributory causes of importance in order of onset:  (I)  Contributory causes of importance in order of onset:  Duration  Duration  (1)  (2)
1. PLACE OF DEATH  County  Township.  or  Village	STATE OF MINNESOTA Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward red in a hospital or institution, give its NAME instead of street and number)  St., Ward (If nonresident give city or town and State)  ds. How long in U. S. if of foreign birth? 3 cyrs. mos. ds.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 1938 I last saw by traditive on 23. death is said to have occurred on the date stated above, at 13.2 Mm.  The PRIMARY INDERLYING CAUSE of death was  Duration  Contributory causes of importance in order of onset:  Duration  Did an operation precede death?
1. PLACE OF DEATH  County  Township.  Or  Village.  OF  City  No.  (If death occu 2. FULL NAME (Please PRINT names in capitals)  (2a) Residence, No.  (Usual place of abode)  Length of residence in city or town where death occurred yrs. most of the word of th	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward  (If nonresident give city or town and State)  ds. How long in U. S. if of foreign birth?  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended decased from  192. to 1938 I last sawda alive on  1938 death is said to have occurred on the date stated above, at 132 Am.  The PRIMARY INDERLYING CAUSE of death was  Duration  Contributory causes of importance in order of onset:  Did an operation precede death?  If so, state condition for which it was undertaken  Date of operation  Was there an autopsy?
1. PLACE OF DEATH  County  Township.  Or  Village.  OF  City  No.  (If death occu 2. FULL NAME (Please PRINT names in capitals)  (2a) Residence, No.  (Usual place of abode)  Length of residence in city or town where death occurred yrs. most of the word of th	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book. (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward  (If nonresident give city or town and State)  ds. How long in U. S. if of foreign birth? 3 yrs. mos. ds.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 192 to 193 to
1. PLACE OF DEATH  County  Township  or  Village.  Reg. District No.  (If death occur  2. FULL NAME  (Please PRINT names in capitals)  (2a) Residence, No.  (Usual place of abode)  Length of residence in city or town where death occurred  yrs.  mod  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Town Wife of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  II LESS than 1  day, hrs. or min.  8. Trade, profession, or particular kind of work done, as engineer (type of), miner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME (Print)  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME (Print)  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward  (If nonresident give city or town and State)  ds. How long in U. S. if of foreign birth?  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from  192. to 1938 I last saw 11 alive on  Qc 1 1938 I last saw 11 alive on  Qc 1 2 2 3 4 5 5 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
1. PLACE OF DEATH  County  Township  or  Village	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward (If nonresident give city or town and State)  ds. How long in U. S. if of foreign birth? Jyrs. mos. ds.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 192 to 193 I last saw It alive on 193 I last saw
1. PLACE OF DEATH  County  Township  or  Village.  Reg. District No.  (If death occur  2. FULL NAME  (Please PRINT names in capitals)  (2a) Residence, No.  (Usual place of abode)  Length of residence in city or town where death occurred  yrs.  mod  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Town Wife of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  II LESS than 1  day, hrs. or min.  8. Trade, profession, or particular kind of work done, as engineer (type of), miner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME (Print)  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME (Print)  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)	STATE OF MINNESOTA Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward (If nonresident give city or town and State)  St., Ward  (If nonresident give city or town and State)  ds. How long in U. S. if of foreign birth? Gyrs. mos. ds.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 192 to 193 death is said to have occurred on the date stated above, at 193 death is said to have occurred on the date stated above, at 193 death was Duration  The PRIMARY UNDERLYING CAUSE of death was Duration  (I)  (2)  (3) Did an operation precede death?  If so, state condition for which it was undertaken  Date of operation  Was there an autopsy?  23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide?  Date of injury 19  Where did injury occur?  (Specify whether injury occurred in industry, in home, or in public place.
1. PLACE OF DEATH  County  Township or Village	STATE OF MINNESOTA Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward (If nonresident give city or town and State)  St., Ward (If nonresident give city or town and State)  ds. How long in U. S. if of foreign birth? Gyrs. mos. ds.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 192 to 1938 I last saw I wallive on 1938 I last
1. PLACE OF DEATH  County  Township or Village	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St. Ward  (If nonresident give city or town and State)  St. Mow long in U. S. if of foreign birth? 3 ors. mos. ds.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 192 to 1938 I last saw I malive on 1939 I last saw I malive on 1930 I last saw I last sa
1. PLACE OF DEATH  County	STATE OF MINNESOTA Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St., Ward (If nonresident give city or town and State)  St., Ward (If nonresident give city or town and State)  ds. How long in U. S. if of foreign birth? Gyrs. mos. ds.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 192 to 1938 I last saw I wallive on 1938 I last
1. PLACE OF DEATH  County  Township or Reg. District No. (If death occur of the county)  Village or (Please PRINT names in capitals)  (2a) Residence, No. (Usual pice of abode)  Length of residence in city or town where death occurred yrs. mod 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5a. If married, widowed, or divorced (HUSBAND of (or) WIFE of the work done, as engineer (type of), miner, sawayer, bookkeeper, etc. 9. Industry or business in which work was done, as engineer (type of), miner, sawayer, bookkeeper, etc. 9. Industry or business in which work was done, as railway, mine, (kind of) sawayer, bookkeeper, etc. 10. Date deceased last worked and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME (Print)  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN (State or country)  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Addrese)  18. Buried at or Removed to 19. UNDERTAKER	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St. Ward  (If nonresident give city or town and State)  St., Ward  (If nonresident give city or town and State)  ds. How long in U. S. if of foreign birth? 3 or s. mos. ds.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from  192. It is said to have occurred on the date stated above, at 3.2 Am.  The PRIMARY INDERLYING CAUSE of death was  Duration  (1)  (2)  (3)  Did an operation precede death?  If so, state condition for which it was undertaken  Date of operation  Was there an autopsy?  Specify whether injury occur?  (Specify city or town, county, and State)  Specify whether injury occurred in industry, in home, or in public place.  Manner of injury  Nature of injury  Nature of injury  Nature of injury in any way related to occupation of deceased?

168

STATE OF MINNESOTA Division of Vital Statistics

	Take U.S. Ball		10
. 1. PLACE OF DEATH		STATE OF MINNESOTA	To
County Melle Lacs		Division of Vital Statistics	
Township Pruncellon		CERTIFICATE OF DEATH	
	Reg. District No	No. in Registration Book	
1441		No. in Registration Book	===
City	(If death occur	rred in a hospital or institution, give its NAME instead of street and number)	Ward
2. FULL NAME Ja M.	709 a.		
(Please PRINT names in capitals)	20 g	74 111 1	
(2a) Residence, No. (Usual place of abode)	1	St., Ward (If nonresident give city or town and it	State)
Length of residence in city or town where death occurred	yrs. mos	s. ds. How long in U. S. if of foreign birth? yrs. mo	s. ds.
3. SEX 4. COLOR OR RACE 5. SINGLE, MARI OR DIVORCED	(write the word)	21. DATE OF DEATH (month, day, and year)	1989
emale white wind	oured	22. I HEREBY CERTIFY, That I attended deceased from	
5a. If married, widowed, or divorced HUSBAND of		1937, to 8 1 1937 I last saw IM	k, alive on
(or) WIFE of	-	Sept. 6 1929; death is said to have occurred	red on the
6. DATE OF BIRTH (month, day, and year) 7. AGE Years   Months   Days		date stated above, at 3, 3 07 m.	
78 11 5	If LESS than 1 day,hrs.	The PRIMARY UNDERLYING GAUSE of death was	Duration
8. Trade, profession, or particular kind of	ornin,	Jumeisus	2 21
	AL IM!	unling	0
9. Industry or business in which work	1	Contributory causes of importance in order of onset:	Duration
was done, as railway, mine, (kind of) saw mill, bank, etc.  10. Date deceased last worked   11 Total tim	e (vears)	(1)	
at this occupation (month and year) and year) at this occupation occupation	this 📣 🖄	(2)	
12. BIRTHPLACE (city or town)		(3)	***************************************
(State or country)	~1	Did an operation precede death?	
13. NAME (Print) (COL) NE 14. BIRTHPLACE (city or town)	alh	If so, state condition for which it was undertaken	
14. BIRTHPLACE (city or town) (State or country)		Date of operation	500
LE MATDEN A		23. If death was due to external causes (violence) fill in also the fol	lowing:
16. BIRTHPLACE (city or town)	ango	Accident, suicide or homicide? Date of injury	
2 16. BIRTHPLACE (city or town) (State or country)	u	Where did injury occur? (Specify city or town, county, and S	tate)
17. INFORMANT Out Heath		Specify whether injury occurred in industry, in home, or in pub	lic place.
(Address) Princiton 01	un	Manage of Indiana	
18 Buried at Corp & noul Date 9 -	T 1939	Manner of injury  Nature of injury	
110	tion-No Yes)	24. Was disease or injury in any way related to occupation of decea	77
19. UNDERTAKER (Address)	in las	If so, specify	30012
20. Filed Oct - 21. 1939 Les Bo	aclosid	(Signed) L.C. C. COMPLET	M. D.
20. F1100	Registrar.	(Address) Presetton Mus	
1. PLACE OF DEATH		STATE OF MINNESOTA	
County Mulle Laco		Division of Vital Statistics	
Township Junceten		CERTIFICATE OF DEATH	
Village	Reg. District No	No. in Registration Book.  (Above numbers to be filled in only by local registrar or his deputy.)	
CityNo		St.,	Ward
P	(If death occur	rred in a hospital or institution, give its NAME instead of street and number)	
2. FULL NAME (Please PRINT names in capitals)	y. and	. Historia	
(la) Basidana No R-1. Paras sa	+	Ct Word	

169

1939

on of deceased? .....

8 yes

1. PLACE OF DEATH	STATE OF MINNESOTA	
County Mille Lacs	Division of Vital Statistics	
Township Prince Days	CERTIFICATE OF DEATH	
or Village	No. in Registration Book.  (Above numbers to be filled in only by local registrar or his deputy.)	
City No. (If death occ	St.,	Ward
2. FULL NAME (Please PRINT names in capitals)	unaange.	
(2a) Residence, No. 17-/ Proceedings (Usual place of abode)	St., Ward (If nonresident give city or town and St	tate)
- 1/	os. ds. How long in U. S. if of foreign birth? yrs. mos.	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word		1939
Male wh singl	22. I HEREBY CERTIFY, That I attended deceased from	
5a. If married, widowed, or divorced HUSBAND of	19	(alive on
(or) WIFE of	10-1- 1937; death is said to have occurre	ed on the
5. DATE OF BIRTH (month, day, and year) Qec -13-19/4	date stated above, at 5.5'0-Pm.	
7. AGE Years Months Days If LESS than 1	The PRIMARY UNDERLYING CAUSE of death was	Duration
24 9 18 day,hrs.	Carlon Mon oxide gas	
8. Trade, profession, or particular kind of	Sidom aku marg	3
sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc.  10. Date deceased last worked   11 Total time (years)		Duration
10. Date deceased last worked at this occupation (month spent in this co	(1)	
and year) Sept 1939 occupation 840	(3)	
12. BIRTHPLACE (city or town) Control	Did an operation precede death?	
3. NAME (Print) Laurence, M. Anders	If so, state condition for which it was undertaken	
13. NAME (Print) Control (State or country)	Date of operation Was there an autopsy?	
15. MAIDEN NAME (Print) Emma Bouch	23. If death was due to external causes (violence) fill in also the follo	-
NAME (Print) South South State or country)  NAME (Print) South Sou	Where did injury occur? (Specify city or town, county, and Sta Specify whether injury occurred in industry, in home, or in public	bod
17. INFORMANT Tourence M. Anderson	Specify whether injury occurred in industry, in home, or in public	c place.
18 Buried at Che River Date O- 4 1930 Removed to Date (Cremation No. Yes)	Manner of injury  Nature of injury	G
Removed to (Cremation—No Yes)	24. Was disease or injury in any way related to occupation of deceas	ed?

Princition mi

24. Was disease or injury in any way related to occupation of deceased? 100

( Princetor 1

20. Filed Def 5 , 180 Lea Backage

STATE OF MINNESOTA Reg. District No. 2 9 No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)

St.,

(If death occurred in a hospital or institution, give its NAME instead of street and number) (If nonresident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. 21. DATE OF DEATH (month, day, and year) Dec 250 19 90 22. I HEREBY CERTIFY, That I attended deceased from 17 19/1 I last saw ha Ralive on 19/1; death is said to have occurred on the The PRIMARY UNDERLYING CAUSE of death was Duration Camoura left preset 3044 Guar. Contributory causes of importance in order of onset: Duration If so, state condition for which it was undertaken . 23. If death was due to external causes (violence) fill in also the following: (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. 24. Was disease or injury in any way related to occupation of deceased?... .....M.D. STATE OF MINNESOTA

Reg. District No. No. in Registration Book.

(Above numbers to be filled in only by local registrar or his deputy.) ed in a hospital or institution, give its NAME instead of street and number) (If nonresident give city or town and State) How long in U. S. if of foreign birth? yrs. 21. DATE OF DEATH (month, day, and year) fan 28 19 1/ 22. I HEREBY CERTIFY, That I attended deceased from Bee 19 1/2 I last saw h alive on 19...; death is said to have occurred on the date stated above, at 429 Pm. The PRIMARY UNDERLYING CAUSE of death was Canonous melohan 2

mile 24 hrs Jamportance in order of onset: Contributory causes of importance in order of onset:

Was there an autopsy?

Date of injury 19..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

20. Filed 9 - 28, 1941 10 Bouchard

24. Was disease or injury in any way related to occupation of deceased?.... (Signed) Carlo Sharing (Address) Smallo

ounty Mille Facy	STATE OF MINNESOTA Division of Vital Statistics	
ownship Muchon	CERTIFICATE OF DEATH	
illage Reg. District No.	No. in Registration Book  (Above numbers to be filled in only by local registrar or his deputy.)	
ty No. (If death, occ	St.,	Ward
FULL NAME Adul Wolo Moto (Please PRINT pames in capitals)		
(2a) Residence, No. January	St., Ward	
(Usual place of abode)	(If nonresident give city or town a	nd State) mos. ds.
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word	1 12	19-3
male White Widowed,	22. I HEREBY CERTIFY, That I attended deceased from	101
If married, widowed, or divorced HUSBAND of	19 , to 8 19/ I last saw	alive on
(or) WIFE of Harry Mall	fan 3 19/; death is said to have occ	urred on the
AGE Years Months Days If LESS than 1	date stated above, at O O Am.  The PRIMARY UNDERLYING CAUSE of death was	Duration
65 8 26 day, hrs.		Duration
8. Trade, profession, or particular kind of work done, as engineer (type of), miner,	Carrinana of Breast	172
9. Industry or business in which work was done, as railway, mine, (kind of)	Contributory causes of importance in order of onset:	Duration
saw mill, bank, etc.	(t)	
10. Date deceased last worked at this occupation (month and year) and year)	(2)	
BIRTHPLACE (city or town)	Did on secondary secondary To	
13. NAME (Print) Fallmore to alland	Did an operation precede death?	******
14. BIRTHPLACE (city or town)		2, 1
(State or country)  15. MAIDEN  (State or country)	Date of operation	
NAME (Print) Lucy 18 www	Accident, suicide or homicide? Date of injury	
(State or country)	Where did injury occur?  (Specify city or town, county, an Specify whether injury occurred in industry, in home, or in p	d State)
INFORMANT Of A moth	Specify whether injury occurred in industry, in home, or in p	ublic place.
Buried at P. +	Manner of injury	
Removed to Date Mr. (Cremation—No Yes)	Nature of injury	
UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of de	ceased?
Filed May 5, 194 Les Bouchard	(Signed) M A Blomferg	M.D.
	Plane to	
1. PLACE OF DEATH  ounty Hill Sacs	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH	
1. PLACE OF DEATH  bunty Mill Jack  ownship Inneton  or  llage Reg. District No.	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH	Ward
1. PLACE OF DEATH  Dunty Mill Jack  Dwnship Reg. District No.  Ilage Reg. District No.  (If death of the Wicklims)	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)	Ward
1. PLACE OF DEATH  Dunty Mill Jack  Dwnship Or Reg. District No.  Ilage No. (If death ox  FULL NAME Please PRINT names in capitals)  (2a) Residence, No. (2a) Residence, No. (2a) Residence, No. (2a) Residence No. (2a) Residence No. (2a) Residence No. (2a) Residence No. (2b) Residence No. (2c) Resid	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  curred in a hospital or institution, give its NAME instead of street and number.	er)
1. PLACE OF DEATH  Dunty Mill Jack  Dwnship or Reg. District No.  Ilage reg. No. (If death ox  FULL NAME (Please PRINT names in capitals)  (2a) Residence, No. (Usual place of abode)	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  curred in a hospital or institution, give its NAME instead of street and number.  St.,  (If nonresident give city or town as	er)
1. PLACE OF DEATH  punty Mull Sact  ownship Reg. District No.  or  ty No. (If death or  (Please PRINT primes in capitals).  (2a) Residence, No. (Usual place of abode)  ngth of residence in city or town where death occurred yrs. m	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  curred in a hospital or institution, give its NAME instead of street and number  St.,  (If nonresident give city or town a cos. ds. How long in U. S. if of foreign birth? yrs.	nd State)
1. PLACE OF DEATH  with the property of the pr	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  curred in a hospital or institution, give its NAME instead of street and number  St.,  (If nonresident give city or town a cos. ds. How long in U. S. if of foreign birth? yrs.	nd State) mos. ds.
1. PLACE OF DEATH  Sunty Mull Sact  Winship or Reg. District No.  Ilage Or No. (If death or ty Mull Name of the No. (If death or ty Mull Name of the No. (If death or ty Mull Name of the No. (Usual place of abode)  Ingth of residence in city or town where death occurred yrs. m  SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED OR DIVORCED (write the word the No. (Widowed, or divorced the No. (Wid	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  curred in a hospital or institution, give its NAME instead of street and numbers of the street and numbe	nd State) mos. ds. 19//- 19//- halive on
1. PLACE OF DEATH  Sunty Mull Jack  with the property of the p	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  curred in a hospital or institution, give its NAME instead of street and numbers of the street and numbe	nd State) mos. ds. 19//- 19//- halive on
1. PLACE OF DEATH  unty Mull Jack  with of the second of t	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  curred in a hospital or institution, give its NAME instead of street and numbers.  St.,  Ward  (If nonresident give city or town as os. ds. How long in U. S. if of foreign birth? yrs.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 2.  19, to 2	nd State) mos. ds.  15//- 2 4/ halive on
1. PLACE OF DEATH  unty Mull Sact  with or large or Please PRINT mames in capitals).  (2a) Residence, No. (Usual place of abode)  meth of residence in city or town where death occurred yrs. m  SEX 4. GOLOR OR RACE 5. SINGLE, MARRIED, WIDOWED  OR DIVORCED (write the word or) WIFE of Mathiala Wilhiam Correct  HUSBAND of Mathiala Wilhiam Correct  OATE OF BIRTH (month, day, and year)  AGE Years Months Days If LESS than 1 day, hrs. or min.	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  curred in a hospital or institution, give its NAME instead of street and numbers.  St.,  Ward  (If nonresident give city or town as os. ds. How long in U. S. if of foreign birth? yrs.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 2.  19., to 2. I last saw 19.; death is said to have occur date stated above, at 2.30 m.  The PRIMARY UNDERLYING CAUSE of death was	nd State) mos. ds.  19//- 2 4/ h alive on urred on the
1. PLACE OF DEATH  unty Mull Sact  with or large or light of residence in city or town where death occurred yrs. modern of the state of	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  curred in a hospital or institution, give its NAME instead of street and numbers.  St.,  Ward  (If nonresident give city or town as os. ds. How long in U. S. if of foreign birth? yrs.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 2.  19., to 2. I last saw 19.; death is said to have occur date stated above, at 2.30 m.  The PRIMARY UNDERLYING CAUSE of death was	nd State) mos. ds.  19//- 2 4/ h alive on urred on the
1. PLACE OF DEATH  unity Mull Sact  with or the second of	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  curred in a hospital or institution, give its NAME instead of street and numbers.  St.,  Ward  (If nonresident give city or town as os. ds. How long in U. S. if of foreign birth? yrs.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 2.  19., to 2. I last saw 19.; death is said to have occur date stated above, at 2.30 m.  The PRIMARY UNDERLYING CAUSE of death was	nd State) mos. ds.  19//- 2 4/ h alive on urred on the
1. PLACE OF DEATH  unty Mull Jack  wiship or Reg. District No.  or  y No. (If death or  FULL NAME (Please PRINT mines in capitals)  (2a) Residence, No. (Usual place of abode)  ngth of residence in city or town where death occurred yrs. m  SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED  OR DIVORCED (write the word  Whishand Walk and year)  AGE Years Months Days If LESS than 1  day, hrs.  or min.  8. Trade, profession, or particular kind of  work done, as engineer (type of), miner work done, as engineer (type of), miner work done, as railway, mine, (kind of)  9. Industry or business in which work  was done, as railway, mine, (kind of)  saw mill, bank, etc.  10. Date deceased last worked 111 Total fime (years)	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  curred in a hospital or institution, give its NAME instead of street and numbers.  St.,  (If nonresident give city or town as os. ds. How long in U. S. if of foreign birth? yrs.)  21. DATE OF DEATH (month, day, and year)  12. I HEREBY CERTIFY, That I attended deceased from 19., to 19., it last saw 19.; death is said to have occur date stated above, at 7 3 2 fc. m.  The PRIMARY UNDERLYING CAUSE of death was  Contributory causes of importance in order of onset:  (1)  Contributory causes of importance in order of onset:	mos. ds.  19// 2 4/ h alive on surred on the
The state of DEATH and the state of the stat	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  Curred in a hospital or institution, give its NAME instead of street and numbers of the filled in only by local registrar or his deputy.)  St.,  Curred in a hospital or institution, give its NAME instead of street and numbers of the filled in only by local registrar or his deputy.)  St.,  Curred in a hospital or institution, give its NAME instead of street and numbers of the filled in only by local registrar or his deputy.)  St.,  (If nonresident give city or town and only of the filled in only by local registrar or his deputy.)  21. DATE OF DEATH (month, day, and year)  12. I HEREBY CERTIFY, That I attended deceased from 2.  13. I last saw 1.  19. I last saw 1.  19. I death is said to have occupant of the primary underly of the primary underly of the primary underly.  Contributory causes of importance in order of onset:  (1).  (2). I last last in the primary underly of the primary underly of the primary underly of the primary underly underly of the primary underly of the primary underly under	nd State) mos. ds.  19// 2 4/ h alive on urred on the  Duration  Duration
The profession of the same of	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  curred in a hospital or institution, give its NAME instead of street and numbers.  St.,  (If nonresident give city or town as os. ds. How long in U. S. if of foreign birth? yrs.)  21. DATE OF DEATH (month, day, and year)  12. I HEREBY CERTIFY, That I attended deceased from 19., to 19., it last saw 19.; death is said to have occur date stated above, at 7 3 2 fc. m.  The PRIMARY UNDERLYING CAUSE of death was  Contributory causes of importance in order of onset:  (1)  Contributory causes of importance in order of onset:	nd State) mos. ds.  19//  19//  h alive on urred on the  Duration  Duration
The profession of particular kind of work done, as engineer (type of), minner sawyer, bookkeeper, etc.  1. PLACE OF DEATH  Unity Will Jack  Winship Or Reg. District No. (If death of Particular No. (	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  St.,  St.,  Ward  (If nonresident give city or town a des. How long in U. S. if of foreign birth? yrs.)  21. DATE OF DEATH (month, day, and year)  19., to  19., to  19., i death is said to have occurred at the primary underlying CAUSE of death was  Contributory causes of importance in order of onset:  (1)  (2)  (3)	nd State) mos. ds.  19// Alive on urred on the  Duration  Duration
1. PLACE OF DEATH  winship or Reg. District No.  or ty No. (If death or the ty No. (If	STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF DEATH  No. in Registration Book  (Above numbers to be filled in only by local registrar or his deputy.)  St.,  St.,  St.,  St.,  Ward  (If nonresident give city or town as os. ds. How long in U. S. if of foreign birth? yrs.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 19, to 2 19, I last saw date stated above, at 7 32 Pm.  The PRIMARY UNDERLYING CAUSE of death was  Contributory causes of importance in order of onset:  (1)  (2)  Limite Limit.  (3)  Did an operation precede death?  If so, state condition for which it was undertaken	mos. ds.  19// 19// 2 4/ h alive on urred on the  Duration  Duration
1. PLACE OF DEATH  winship or Reg. District No.  or ty No. (If death of Pull NAME Please PRINT mines in capitals).  (2a) Residence, No. (Usual place of abode)  meth of residence in city or town where death occurred yrs. m  SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word WISBAND of Or)  If married, widowed, or divorced HUSBAND of Or DIVORCED (write the word Or)  AGE Years Months Days If LESS than 1 day, hrs. or min.  8. Trade, profession, or particular kind of work done, as engineer (type of), miner sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc.  10. Date deceased last worked as this occupation (month and year)  BIRTHPLACE (city or town)  (State or country)  13. NAME (Print)	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  Curred in a hospital or institution, give its NAME instead of street and numbers.  St.,  Ward  (If nonresident give city or town as os. ds. How long in U. S. if of foreign birth? yrs.)  21. DATE OF DEATH (month, day, and year)  12. I HEREBY CERTIFY, That I attended deceased from 19, to 19, I last saw 19, death is said to have occurred attended above, at 1300 m.  The PRIMARY UNDERLYING CAUSE of death was  Contributory causes of importance in order of onset:  (1)  (2)  Limite Limite  (3)  Did an operation precede death?	mos. ds.  19// 19 4/ h alive on urred on the  Duration  Duration
1. PLACE OF DEATH  Dunty Mill Jack  Divinity Mill Jack  Divinity Mill Jack  Divinity Mill Jack  Or Hage Print Mill Mill Mill Mill Mill Mill Mill Mil	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  Curred in a hospital or institution, give its NAME instead of street and numbers of the state of the street and numbers of the state of the street and numbers of the street of the street and numbers of the street of the street and numbers of the street of the street of the street of the street and numbers of the street of the stre	Duration  Duration  Duration
1. PLACE OF DEATH  Dunty Hill Sack  Or  Ilage Reg. District No.  (If death of ty	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book.  (Above numbers to be filled in only by local registrar or his deputy.)  St.,  St.,  St.,  Ward.  (If nonresident give city or town as des. How long in U. S. if of foreign birth? yrs.)  21. DATE OF DEATH (month, day, and year)  19, to 19, I last saw 19, ideath is said to have occ date stated above, at 132 mm.  The PRIMARY UNDERLYING CAUSE of death was  Contributory causes of importance in order of onset:  (1)  (2)  (3)  Did an operation precede death?  If so, state condition for which it was undertaken  Date of operation.  Was there an autopsy 23. If death was due to external causes (violence) fill in also the Accident, suicide or homicide?  Date of injury.  Where did injury occur?  (Specify city or town, county, and year)  St.,  St.,  No. in Registration Book.  (II nonresident give city or town as deputy)  St.,  (If nonresident give city or town as deputy)  That I attended deceased from 2.  19, to 19, I last saw 19, I la	Duration  Duration  polyphological p
1. PLACE OF DEATH  DUNTY MULL SACA  DWINSHIP.  OF THE STATE OF DEATH  OWNSHIP.  OWNSH.  OWNSHIP.  OWNSH.  OWNSHIP.  OWNSHIP.  OWNSHIP.  OWNSHIP.  OWNSHIP.  OWNSHIP.  OW	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  St.,  St.,  Ward  (If nonresident give city or town as os. ds. How long in U. S. if of foreign birth? yrs.  21. DATE OF DEATH (month, day, and year)  19, to 19, I last saw to 19, ideath is said to have occur date stated above, at 1327 m.  The PRIMARY UNDERLYING CAUSE of death was  Contributory causes of importance in order of onset:  (1)  (2)  (3)  Did an operation precede death?  If so, state condition for which it was undertaken  Date of operation  Was there an autopsy  23. If death was due to external causes (violence) fill in also the Accident, suicide or homicide?  Date of injury.  Where did injury occur?	Duration  Duration  Duration  Duration  Duration  Duration  Duration
1. PLACE OF DEATH  DURNTY  WINShip  Or  Ilage.  Or  Ty  No. (If death or  FULL NAME Please PRINT mines in capitals)  (2a) Residence, No. (Usual place of abode)  math of residence in city or town where death occurred yrs. m  SEX  4. GOLOR OR RACE S. SINGLE, MARRIED, WIDOWED  OR DIVORCED (write the word  HUSBAND OR (OR) WIFE of HUSBAND OR DIVORCED (write the word  HUSBAND OR (OR) WIFE of HUSBAND OR DIVORCED (write the word  AGE Years Months Days If LESS than 1  Gay, hrs. or min.  8. Trade, profession, or particular kind of work done, as engineer (type of), miner sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as railway, mine, (kind of) saw will, bank, etc.  10. Date deceased last worked at this occupation (month and year)  BIRTHPLACE (city or town)  (State or country)  13. NAME (Print)  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME (Print)  16. BIRTHPLACE (city or town)  (State or country)  INFORMANT (Address)  Buried at Particular Mandal And Mandal An	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book.  (Above numbers to be filled in only by local registrar or his deputy.)  St.,  surred in a hospital or institution, give its NAME instead of street and number.  St.,  Ward.  (If nonresident give city or town as os. ds. How long in U. S. if of foreign birth? yrs.  21. DATE OF DEATH (month, day, and year)  12. I HEREBY CERTIFY, That I attended deceased from 1.  13. if death is said to have occurred date stated above, at 1320 m.  The PRIMARY UNDERLYING CAUSE of death was  Contributory causes of importance in order of onset:  (1)  (2)  Annel Lagrant  If so, state condition for which it was undertaken  Date of operation  Was there an autopsy  23. If death was due to external causes (violence) fill in also the Accident, suicide or homicide?  Date of injury  Where did injury occur?  (Specify city or town, county, an Specify whether injury occurred in industry, in home, or in p	Duration  Duration  Duration  Duration  Duration  Duration  Duration
1. PLACE OF DEATH  DURNTY  WINShip  Or  Ilage  Reg. District No.  Or  FULL NAME  (Please PRINT mines in capitals)  (2a) Residence, No. Purple of Abode)  moth of residence in city or town where death occurred  Martined, widowed, or divoced  HUSBARD OR  AGE Years  Months  DATE OF BIRTH (month, day, and year)  AGE Years  Months  S. Trade, profession, or particular kind of work done, as engineer (type of), miner sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)  BIRTHPLACE (city or town)  (State or country)  13. NAME (Print)  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN  NAME (Print)  NAME (Print)  16. BIRTHPLACE (city or town)  (State or country)  INFORMANT  (Address)  Date 4-19  Or Cremation—No  Date 4-19  Or Cremation—No  Date 4-19  Or Cremation—No	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  curred in a hospital or institution, give its NAME instead of street and number  St.,  Ward  (If nonresident give city or town a ds. How long in U. S. if of foreign birth? yrs.  21. DATE OF DEATH (month, day, and year)  19, to 2 + 10 + 19, I last saw by the PRIMARY UNDERLYING CAUSE of death was  19, death is said to have occur date stated above, at 1320 m.  The PRIMARY UNDERLYING CAUSE of death was  Contributory causes of importance in order of onset:  (1)  (2)  Annual Lagrant  Contributory causes of importance in order of onset:  (1)  (2)  Annual Lagrant  Contributory causes of importance in order of onset:  (3)  Did an operation precede death?  If so, state condition for which it was undertaken  Date of operation  Was there an autopsy  23. If death was due to external causes (violence) fill in also the Accident, suicide or homicide?  Date of injury  Where did injury occur?  (Specify city or town, county, an Specify whether injury occurred in industry, in home, or in p	Duration  Duration  Duration  Poly  Duration  Duration  Duration  Duration  Duration
1. PLACE OF DEATH  DURY HULL SACE  OF DEATH  OWNShip  OF  Ilage  Reg. District No.  Reg. District No.  (If death of the state of the st	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book.  (Above numbers to be filled in only by local registrar or his deputy.)  St.,  surred in a hospital or institution, give its NAME instead of street and number.  St.,  Ward.  (If nonresident give city or town as os. ds. How long in U. S. if of foreign birth? yrs.  21. DATE OF DEATH (month, day, and year)  12. I HEREBY CERTIFY, That I attended deceased from 1.  13. if death is said to have occurred date stated above, at 1320 m.  The PRIMARY UNDERLYING CAUSE of death was  Contributory causes of importance in order of onset:  (1)  (2)  Annel Lagrant  If so, state condition for which it was undertaken  Date of operation  Was there an autopsy  23. If death was due to external causes (violence) fill in also the Accident, suicide or homicide?  Date of injury  Where did injury occur?  (Specify city or town, county, an Specify whether injury occurred in industry, in home, or in p	Duration  Duration  Duration  Poly  Duration  Duration  Duration  Duration  Duration

1. PLACE OF DEATH	STATE OF MINNESOTA 17
County Mille Zack	Division of Vital Statistics
Township or Reg. District No.	288/ CERTIFICATE OF DEATH
Village	No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)
City No. (If death occ)	St., Ward in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Maydalena Marie Segel	
(2a) Residence, No. (Usual place of abode)	St., Ward (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mo	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (month, day, and year) May 28 19//
5a. If married, widowed, or divorced	22. I HEREBY CERTIFY, That I attended deceased from 1927, to 1927. I last saw here alive on
HUSBAND of (or) WIFE of	May 27 19/1; death is said to have occurred on the
6. DATE OF BIRTH (month, day, and year) Jef 7 / 8 6  7. AGE Years   Months   Days   If LESS than 1	date stated above, atm.
75 3 21 day hrs. or min.	The PRIMARY UNDERLYING CAUSE of death was Duration
8. Trade, profession, or particular kind of	north.
9. Industry or business in which work	Contributory causes of importance in order of oasets Duration
was done, as railway, mine, (kind of) saw mill, bank, etc.  10. Date deceased last worked   11 Total time (years)	1) amelor fifalleting 3
at this occupation (month and year) spent in this occupation	(2)
12. BIRTHPLACE (city or town) Evanuello Wice	Did an operation precede death?
13. NAME (Print) Rev Krunger.	If so, state condition for which it was undertaken
13. NAME (Print)  14. BIRTHPLACE (city or town) (State or country)	Date of operation Was there an autopsy?
Lie Military	23. If death was due to external causes (violence) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide or homicide? Date of injury 19
(State or country)	Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
(Address) form Seefelt	7
18 Buried at June July Committee 12 19/	Manner of injury Nature of injury
19. UNDERTAKER P 4 A	24. Was disease or injury in any way related to occupation of deceased?
(Address) Cogusta.	If so, specify (Signed) Faurier M.D. 3
20. Filed Registrar,	(Address) Mandeton mine
1. PLACE OF DEATH  County Township Private Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)
or	S.
	St., Ward arred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME (Please PRINT names in capitals)	
(2a) Residence, No(Usual place of abode)	St., Ward (If nonresident give city or town and State)
Length of residence in city or town where death occurred 32 rs. mo  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	
Male white married	21. DATE OF DEATH (month, day, and year) QC - 29. 194   22. I HEREBY CERTIFY, That I attended deceased from Set - 20
5a. If married, widowed, or divorced HUSBAND of C	19.41, to 10/3 0 19.41 I last saw ht stalive on
(OF) WIFE OF CHIPACHER	Sept . 5 / 19#1; death is said to have occurred on the
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days   If LESS than 1	date stated above, at / 3 0 Pm.  The PRIMARY UNDERLYING CAUSE of death was
71 71 7 26 day,hrs. ormin.	Eylanstine
8. Trade, profession, or particular kind of work done, as engineer (type of), miner,	I conserred the
9. Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc.  10. Date deceased last worked  11 Total time (years)	Contributory causes of importance in order of onset; Duration
saw mill, bank, etc.  10. Date deceased last worked  11 Total time (years)	(1)
at this occupation (month spent in this occupation	(3)
12. BIRTHPLACE (city or town) Jermany	Did an operation precede death?
# 13. NAME (Print) Underweit	If so, state condition for which it was undertaken
13. NAME (Print)  14. BIRTHPLACE (city or town)  (State or country)	Date of operation Was there an autopsy?
Lie Martines	23. If death was due to external causes (violence) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide or homicide? Date of injury 19
(State or country)  17. INFORMANT	Where did injury occur?  (Specify city or town, county, and State)  Specify whether injury occurred in industry, in home, or in public place.
(Address) Love Love Love Love Love Love Love Love	Manner of injury
18 Buried at Date Date Cremation—No Yes)	Manner of injury  Nature of injury
19. UNDERTAKER C. Y. FURA.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Princeton Many.	If so, specify (Signed) NAC CONCUY M.D. 8
20. Filed 105. 3, 1971 - alo Barenard	B. 18 m. 10/20/1/1 8

1. PLACE OF DEATH	STATE OF MINNESOTA
m 100 - 4 - 4 - 4	Division of Vital Statistics
Township Princion	CERTIFICATE OF DEATH
	No. in Registration Book
	No. in Registration Book.  (Above numbers to be filled in only by local registrar or his deputy.)
City No. (If death occur	St., Ward or institution, give its NAME instead of street and number)
2. FULL NAME (Please PRINT names in capitals)	Magel
The state of the s	() St., Ward
(Usual place of abode)	(If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos  3. SEX   4. COLOR OR RAGE   5. SINGLE, MARRIED, WIDOWED,	
OR DIVORCED (write the word)	21. DATE OF DEATH (month, day, and year)
5a. If married, widowed, or divorced	22. I HEREBY CERTIFY, That I attended deceased from 194 to 194 to 195 I last saw harmalire on
HUSBAND of ONE	Dec 15 1044 death is said to have occurred on the
6. DATE OF BIRTH (month, day, and year) Qurul-13-1932	date stated above, at 6.30 Pm.
7. AGE Years Months Days II LESS than I day,hrs.	The PRIMARY UNDERLYING CAUSE of death was Duration
	Status Epelepticu 8 hr
8. Trade, profession, or particular kind of work done, as engineer (type of), miner,	
work done, as engineer (type of), miner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc.  10. Date deceased last worked  11 Total time (years)	Contributory causes of importance in order of onset: Duration
saw mill, bank, etc.  10. Date deceased last worked   11 Total time (years)	11) Epelehay Pyr
at this occupation (month spent in this occupation and year)	(2)
12. BIRTHPLACE (city or town) Yahari Tana	_(3)
(State or country)	Did an operation precede death?
13. NAME (Print)  14. BIRTHPLACE (city or town)	If so, state condition for which it was undertaken
2 14. BIRTHPLACE (city or town) (State or country)	Date of operation Was there an autopsy?
15. MAIDEN NAME (Print) Li Olian La la na su	23. If death was due to external causes (violence) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide or homicide? Date of injury 19
(State or country) tergus † alls	Where did injury occur? (Specify city or town, county, and State)  Specify whether injury occurred in industry, in home, or in public place.
17. INFORMANT (Address) CASA STORAL Q	
18 Buried at Care Knolen . 10. 19. Kg	Manner of injury
Removed to Date (Cremation—No Yes)	Nature of injury
19. UNDERTAKER 9 1 Princeton	24. Was disease or injury in any way related to occupation of deceased?
C. Claba Tomas	(Signed) W.P. Blander M.D.
20. Filed on 41, 1942 Teo Boeton	(Address) Persection Munn, Dec/Y.
1. PLACE OF DEATH	STATE OF MINNESOTA
County	Division of Vital Statistics
Township	CERTIFICATE OF DEATH
Village Reg. District No	No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)
CityNo,	St., Ward
2. FULL NAME (Please PRINT names in capitals)	
(2a) Residence, No(Usual place of abode)	
Length of residence in city or town where death occurred yrs. mos	the same that th
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (month, day, and year) 19
	22. I HEREBY CERTIFY, That I attended deceased from
5a. If married, widowed, or divorced HUSBAND of (or) WHE of	19, to

(Address)	Les Boreland Registrar.	(Address) Reviseton Munic.	Digit?
1. PLACE OF DEATH County		STATE OF MINNESOTA Division of Vital Statistics CERTIFICATE OF DEATH	
or		No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)	
illage			
ity	No. (If death occ	St., urred in a hospital or institution, give its NAME instead of street and num	ber) Ward
FULL NAME			
	in capitals)		
(2a) Residence, No(Usual r	place of abode)	St., Ward (If nonresident give city or town	and State)
ength of residence in city or town where		os. ds. How long in U. S. if of foreign birth? yrs.	mos. ds
SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word	21. DATE OF DEATH (month, day, and year)	19
		22. I HEREBY CERTIFY, That I attended deceased from	
. If married, widowed, or divorced HUSBAND of		19, to	
(or) WIFE of			
DATE OF BIRTH (month, day, and year)		date stated above, atm.	cuil cu ou cu
AGE Years Months	Days If LESS than 1 day,hrs. ormin.	The PRIMARY UNDERLYING CAUSE of death was	Duration
Trade, profession, or particular kin work done, as engineer (type of), n sawyer, bookkeeper, etc.      Industry or business in which work was done, as railway, mine, (kind o saw mill, bank, etc.      Date deceased last worked at this occupation (month)	d of niner,  of)  11 Total time (years) spent in this	Contributory causes of importance in order of onset:  (1)	Duration
BIRTHPLACE (city or town)	occupation	(3)	
(State or country)		Did an operation precede death?	
13. NAME (Print)		If so, state condition for which it was undertaken	
14. BIRTHPLACE (city or town)			
(State or country)		Date of operation Was there an autops  23. If death was due to external causes (violence) fill in also the	
15. MAIDEN NAME (Print)		Accident, suicide or homicide? Date of injury	
16. BIRTHPLACE (city or town)			
16. BIRTHPLACE (city or town) (State or country)		Where did injury occur? (Specify city or town, county, a Specify whether injury occurred in industry, in home, or in	nd State) public place.
7. INFORMANT (Address)			
Buried at		Manner of injury	
or Removed to	Date19 (Cremation-No Yes)	Nature of injury	
9. UNDERTAKER	(32 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	24. Was disease or injury in any way related to occupation of d	eceased?
(Address)		If so, specify	
0. Filed, 19	Manager 1	(Signed)	M.D.
V+ L'11CU 17	Registrar.		

1. PLACE OF DEATH  County			STATE OF MINNESOTA	1
			Division of Vital Statistics CERTIFICATE OF DEATH	
or	***************************************	100771170000777777777		
Village		Acg. District No	No. in Registration Book.  (Above numbers to be filled in only by local registrar or his deputy.)	
City		No,	red in a hospital or institution, give its NAME instead of street and number	Ward
. 2 0223 11111	(Please PRINT name	s in capitals)	***************************************	
(2a) Re	sidence, No	place of shods)	St., Ward (If nonresident give city or town and	State
		e death occurred yrs. mos		os. ds
SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (month, day, and year)	19
		OR DIVORCED (write the word)	THE COUNTY OF THE PARTY OF THE	
. If married.	widowed, or divorced		22. I HEREBY CERTIFY, That I attended deceased from	
HUSBANI (or) WIFE	widowed, or divorced of			
DATE OF D	Day ( ) 1 1	A		rred on the
	RTH (month, day, and year) Years   Months	Days   If LESS than 1	date stated above, atm.  The PRIMARY UNDERLYING CAUSE of death was	
		day,hrs.		Duration
8. Trade, pr	ofession, or particular ki	ormin.		
work dor	ofession, or particular kine, as engineer (type of), bookkeeper, etc.	miner,		
9. Industry was done	or business in which wor e, as railway, mine, (kind bank, etc.	k	Contributory causes of importance in order of onset:	Duration
9. Industry was done saw mill 10. Date dec	bank, etc.	11 Total time (years)	(1)	
at this or	ccupation (month	11 Total time (years) spent in this occupation	(2)	
La Tectoria de Company	CE (city or town)			l
(State or co	untry)		Did an operation precede death?	
13. NAME (	Print)		If so, state condition for which it was undertaken	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	LACE (city or town)			
(State o	r country)		Date of operation	
15. MAIDEN NAME	(Print)		Accident, suicide or homicide? Date of injury	3.7
16. BIRTHE	LACE (city or town)			
≥ (State or country)			Where did injury occur?  (Specify city or town, county, and Specify whether injury occurred in industry, in home, or in pu	State) blic place.
7. INFORMAN (Address)	T			
18 Buried at			Manner of injury	
or Date 19 (Cremation—No Yes)			·Nature of injury	
9. UNDERTAR	ER	(323444)	24. Was disease or injury in any way related to occupation of dece	eased?
(Address)			If so, specify	
0. Filed	19	Registrar.	(Signed)	M. D
	+7	Registrar.	(Address)	

1. PLACE OF DEAT	32	CEPTIFICATE OF DEATH			
Township					
Village		Reg. District No	No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)		
			St.,	ward when	
2. FULL NAME (Please PRINT na (2a) Residence, No(Us	ual place of abode)		St., Ward (If nonresident give city or town	and State) mos. ds.	
	E   5. SINGLE, M	ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH (month, day, and year)	19	
	OK DIVOR	LED (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended deceased from	w h alive on	
6. DATE OF BIRTH (month, day, and y	in a)			ccurred on the	
7. AGE Years Month		If LESS than 1 day,hrs. ormin.	date stated above, atm.  The PRIMARY UNDERLYING CAUSE of death was	Duration	
8. Trade, profession, or particular work done, as engineer (type of sawyer, bookkeeper, etc.  9. Industry or business in which was done, as railway, mine, (kit saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)	ork nd of)		Contributory causes of importance in order of onset:  (1)  (2)	Duration	
12. BIRTHPLACE (city or town) (State or country)			Did an operation precede death?		
13. NAME (Print)			If so, state condition for which it was undertaken		
13. NAME (Print)  14. BIRTHPLACE (city or town) (State or country)			Date of operation Was there an autopo		
15. MAIDEN NAME (Print)			23. If death was due to external causes (violence) fill in also the	Mark Control of the C	
15. MAIDEN NAME (Print)  16. BIRTHPLACE (city or town) (State or country)			Accident, suicide or homicide? Date of injury Where did injury occur? (Specify city or town, county, in home, or injury occurred in industry, in home, or injury occurred in h		
17. INFORMANT (Address)			Specify whether injury occurred in industry, in home, or in	public place.	
18 Buried at			Manner of injury		
19. UNDERTAKER (Address)			24. Was disease or injury in any way related to occupation of a lift so, specify		
20. Filed, 19			(Signed)(Address)	M. D.	

County			STATE OF MINNESOTA Division of Vital Statistics	
ownship			CERTIFICATE OF DEATH	
		Reg. District No	No. in Registration Book  (Above numbers to be filled in only by local registrar or his deputy.)	
or lity	***************************************		St.,	War
				ber)
		s in capitals)		
(2a) Reside	ence, No. (Usual	place of abode)	St., Ward (If nonresident give city or town	and State)
		e death occurred yrs. mo	s. ds. How long in U. S. if of foreign birth? yrs.	mos. ds
SEA	4. COLOR OR RAGE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (month, day, and year)	19
If married wide	owed or divorced		22. I HEREBY CERTIFY, That I attended deceased from 19 I last saw	
HUSBAND of (or) WIFE of	owed, or divorced		19; death is said to have oc	
	H (month, day, and year)		date stated above, atm.	
AGE Year	Months Months	Days If LESS than 1 day,hrs.	The PRIMARY UNDERLYING CAUSE of death was	Duration
lo mala ser	ssion, or particular kir	ormin,		
work done, a	as engineer (type of), i	miner,		***
9. Industry or b	ousiness in which wor	k of)	Contributory causes of importance in order of onset:	Duration
saw mill, bar	nk, etced last worked	111 Total time (years)	(1)	1107/05/2002
at this occup and year)	pation (month	spent in this occupation	(2)	
BIRTHPLACE ( (State or country			Did an operation precede death?	
13. NAME (Prin			If so, state condition for which it was undertaken	
	CE (city or town)			
(State or cou	The state of the s		Date of operation Was there an autops 23. If death was due to external causes (violence) fill in also the	
15. MAIDEN NAME (Pri	int)		Accident, suicide or homicide? Date of injury	17.75
16. BIRTHPLA			Where did injury occur?(Specify city or town, county, a Specify whether injury occurred in industry, in home, or in	nd State)
INFORMANT	unity		Specify whether injury occurred in industry, in home, or in	public place.
(Address)			Manner of injury	
Buried at or		Date19 (Cremation-No Yes)	Nature of injury	
. UNDERTAKER		(Gremation—No 1es)	24. Was disease or injury in any way related to occupation of d	leceased?
(Address)			If so, specify	
. Filed	, 19	Registrar.	(Signed)	M.D
1. P	LACE OF DEATH		STATE OF MINNESOTA Division of Vital Statistics CERTIFICATE OF DEATH	
1. Pounty	LACE OF DEATH	Reg. District No.	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)	
1. Pounty	LACE OF DEATH	Reg. District No.	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)	
1. Pountyor or lity	LACE OF DEATH	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  arred in a hospital or institution, give its NAME instead of street and num	
1. Pountyorororty	LACE OF DEATH	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  arred in a hospital or institution, give its NAME instead of street and num	War
ownshipor illage	(Please PRINT name	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF DEATH  No. in Registration Book  (Above numbers to be filled in only by local registrar or his deputy.)  St.,  arred in a hospital or institution, give its NAME instead of street and num  St.,  (If nonresident give city or town	War
ownship	(Please PRINT name ence, No(Usual te in city or town when	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF DEATH  No. in Registration Book  (Above numbers to be filled in only by local registrar or his deputy.)  St.,  arred in a hospital or institution, give its NAME instead of street and num  St.,  (If nonresident give city or town os. ds. How long in U. S. if of foreign birth? yrs.	war ber) and State) mos. d
ovnship	(Please PRINT name ence, No(Usual te in city or town when	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF DEATH  No. in Registration Book  (Above numbers to be filled in only by local registrar or his deputy.)  St.,  arred in a hospital or institution, give its NAME instead of street and num  St.,  (If nonresident give city or town os. ds. How long in U. S. if of foreign birth? yrs.	war ber) and State) mos. d
overship	(Please PRINT name ence, No(Usual te in city or town when 4. COLOR OR RACE	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF DEATH  No. in Registration Book  (Above numbers to be filled in only by local registrar or his deputy.)  St.,  arred in a hospital or institution, give its NAME instead of street and num  St.,  (If nonresident give city or town os. ds. How long in U. S. if of foreign birth? yrs.	war ber) and State) mos. d
overship	(Please PRINT name ence, No(Usual te in city or town when	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  arred in a hospital or institution, give its NAME instead of street and num  St.,  (If nonresident give city or town os. ds. How long in U. S. if of foreign birth? yrs.	and State) mos. d 19
overship	(Please PRINT name ence, No. (Usual te in city or town where 4. COLOR OR RACE owed, or divorced	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  arred in a hospital or institution, give its NAME instead of street and num  St.,  (If nonresident give city or town os. ds. How long in U. S. if of foreign birth? yrs.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 19, to 19, I last saw  19, ideath is said to have on date stated above, at m.	and State) mos. d  19  / h alive of courred on the
overship	(Please PRINT name ence, No. (Usual te in city or town where 4. COLOR OR RACE owed, or divorced	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  arred in a hospital or institution, give its NAME instead of street and num  St.,  (If nonresident give city or town os. ds. How long in U. S. if of foreign birth? yrs.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from	and State) mos. d  19  / h alive occurred on the
ownship	(Please PRINT name ence, No(Usual te in city or town when 4. COLOR OR RACE owed, or divorced  H (month, day, and year) rs Months	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  arred in a hospital or institution, give its NAME instead of street and num  St.,  (If nonresident give city or town os. ds. How long in U. S. if of foreign birth? yrs.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from	and State) mos. d  19  / h alive of courred on the
overship	(Please PRINT name ence, No	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  arred in a hospital or institution, give its NAME instead of street and num  St.,  (If nonresident give city or town os. ds. How long in U. S. if of foreign birth? yrs.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from	and State) mos. d  19  v h alive occurred on the
or ty	(Please PRINT name ence, No	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  arred in a hospital or institution, give its NAME instead of street and num  St.,  (If nonresident give city or town os. ds. How long in U. S. if of foreign birth? yrs.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 19, to 19, i last saw  19; death is said to have or date stated above, at	and State) mos. d  19  / h alive occurred on the
overship	(Please PRINT name ence, No	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  arred in a hospital or institution, give its NAME instead of street and num  St.,  (If nonresident give city or town os. ds. How long in U. S. if of foreign birth? yrs.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 19, to 19, if death is said to have or date stated above, at	and State) mos. d  19  / h alive occurred on the
I. P. Dounty	(Please PRINT name ence, No	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  arred in a hospital or institution, give its NAME instead of street and num  St.,  (If nonresident give city or town os. ds. How long in U. S. if of foreign birth? yrs.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 19, to 19, i last saw  19; death is said to have or date stated above, at	and State) mos. d  19  / h alive of courred on the Duration  Duration
ownship	(Please PRINT name ence, No	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  arred in a hospital or institution, give its NAME instead of street and num  St.,  Ward  (If nonresident give city or town os. ds. How long in U. S. if of foreign birth? yrs.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 19, to 19, I last saw  19, death is said to have or date stated above, at m.  The PRIMARY UNDERLYING CAUSE of death was  Contributory causes of importance in order of onset:  (1)  (2)	and State) mos. d  19  v h alive of courred on the Duration  Duration
I. P. ounty	(Please PRINT name ence, No	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  arred in a hospital or institution, give its NAME instead of street and num  St.,  Ward  (If nonresident give city or town ds. How long in U. S. if of foreign birth? yrs.)  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 19, to 19, i last saw  19, i death is said to have or date stated above, at	and State) mos. d  19  y h alive of courred on the Duration  Duration
I. P. ounty	(Please PRINT name ence, No	Reg. District No	STATE OF MINNESOTA Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  urred in a hospital or institution, give its NAME instead of street and num  St., Ward (If nonresident give city or town ds. How long in U. S. if of foreign birth? yrs.)  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 19, to 19, I last saw  19, ideath is said to have or date stated above, at m.  The PRIMARY UNDERLYING CAUSE of death was  Contributory causes of importance in order of onset: (1) (2) (3)  Did an operation precede death?  If so, state condition for which it was undertaken	and State) mos. d  19  / h alive of courred on the Duration  Duration
I. P. Dounty	(Please PRINT name ence, No	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  arred in a hospital or institution, give its NAME instead of street and num  St.,  Ward  (If nonresident give city or town ds. How long in U. S. if of foreign birth? yrs.)  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 19, to 19, i last saw  19, i death is said to have or date stated above, at	and State) mos. d  19  y h alive of courred on the Duration  Duration  Duration
I. P. ounty	(Please PRINT name ence, No	Reg. District No	STATE OF MINNESOTA Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  Irred in a hospital or institution, give its NAME instead of street and num  St.,  Ward.  (If nonresident give city or town os. ds. How long in U. S. if of foreign birth? yrs.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 19., to. 19. I last saw  19.; death is said to have or date stated above, at m.  The PRIMARY UNDERLYING CAUSE of death was  Contributory causes of importance in order of onset:  (1)  (2)  (3)  Did an operation precede death?  If so, state condition for which it was undertaken  Date of operation.  Was there an autops  23. If death was due to external causes (violence) fill in also th Accident, suicide or homicide?  Date of injury	and State) mos. d  19  / h alive of courred on the Duration  Duration  Duration  y? e following:
I. P. Dounty	(Please PRINT name ence, No	Reg. District No	STATE OF MINNESOTA Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  Irred in a hospital or institution, give its NAME instead of street and num  St.,  Ward.  (If nonresident give city or town os. ds. How long in U. S. if of foreign birth? yrs.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 19., to. 19., I last saw  19., death is said to have or date stated above, at m.  The PRIMARY UNDERLYING CAUSE of death was  Contributory causes of importance in order of onset:  (1)  (2)  (3)  Did an operation precede death?  If so, state condition for which it was undertaken  Date of operation Was there an autops  23. If death was due to external causes (violence) fill in also th Accident, suicide or homicide?  Date of injury Where did injury occur?	and State) mos. d  19  / h alive of courred on the Duration  Duration  Duration  y? e following:
ownship or illage or ity	(Please PRINT name ence, No	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book.  (Above numbers to be filled in only by local registrar or his deputy.)  St.,  Irred in a hospital or institution, give its NAME instead of street and num  St.,  Ward.  (If nonresident give city or town os. ds. How long in U. S. if of foreign birth? yrs.)  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 19., to. 19. I last saw  19.; death is said to have or date stated above, at m.  The PRIMARY UNDERLYING CAUSE of death was  Contributory causes of importance in order of onset:  (1)  (2)  (3)  Did an operation precede death?  If so, state condition for which it was undertaken  Date of operation.  Was there an autops  23. If death was due to external causes (violence) fill in also th Accident, suicide or homicide?  Date of injury Where did injury occur?  (Specify city or town, county, a Specify whether injury occurred in industry, in home, or in	and State) mos. de  19  The alive of courred on the description  Duration  Duration  Duration  y? e following: 19  und State) public place.
I. P. ounty	(Please PRINT name ence, No	Reg. District No	STATE OF MINNESOTA Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  Irred in a hospital or institution, give its NAME instead of street and num  St.,  Ward.  (If nonresident give city or town os. ds. How long in U. S. if of foreign birth? yrs.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 19., to. 19., I last saw  19., death is said to have or date stated above, at m.  The PRIMARY UNDERLYING CAUSE of death was  Contributory causes of importance in order of onset:  (1)  (2)  (3)  Did an operation precede death?  If so, state condition for which it was undertaken  Date of operation Was there an autops  23. If death was due to external causes (violence) fill in also th Accident, suicide or homicide?  Date of injury Where did injury occur?	and State) mos. d  19  y h alive of courred on the distriction  Duration  Duration  y? e following: 19  und State) public place.
Ownship or illage or ity	(Please PRINT name ence, No	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book  (Above numbers to be filled in only by local registrar or his deputy.)  St.,	and State) mos. di  19  The alive of courred on the district of the district o
I. P. County	(Please PRINT name ence, No	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  Irred in a hospital or institution, give its NAME instead of street and num  St.,  Ward (If nonresident give city or town ds. How long in U. S. if of foreign birth? yrs.)  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 19 , to 19 , I last saw 19 , death is said to have or date stated above, at m.  The PRIMARY UNDERLYING CAUSE of death was  Contributory causes of importance in order of onset: (1) (2) (3)  Did an operation precede death?  If so, state condition for which it was undertaken  Date of operation Was there an autops  23. If death was due to external causes (violence) fill in also th Accident, suicide or homicide? Date of injury  Where did injury occur? (Specify city or town, county, a Specify whether injury occurred in industry, in home, or in  Manner of injury  Nature of injury  Nature of injury  Nature of injury in any way related to occupation of contributions.	and State) mos. de  19  The alive of the courred on the course of the cou
I. P. County	(Please PRINT name ence, No	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  urred in a hospital or institution, give its NAME instead of street and num  St.,  Ward  (If nonresident give city or town ds. How long in U. S. if of foreign birth? yrs.  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 19, to 19, I last saw 19, Geath is said to have or date stated above, at m.  The PRIMARY UNDERLYING CAUSE of death was  Contributory causes of importance in order of onset: (1)  (2)  (3)  Did an operation precede death?  If so, state condition for which it was undertaken  Date of operation Was there an autops  23. If death was due to external causes (violence) fill in also th Accident, suicide or homicide? Date of injury Where did injury occur?  (Specify city or town, county, a Specify whether injury occurred in industry, in home, or in Manner of injury  Nature of injury  Nature of injury  24. Was disease or injury in any way related to occupation of of if so, specify.	and State) mos. de  19  The alive of the course of the cou
J. P. County	(Please PRINT name ence, No	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  Irred in a hospital or institution, give its NAME instead of street and num  St.,  Ward (If nonresident give city or town os. ds. How long in U. S. if of foreign birth? yrs.)  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 19 , to 19 , I last saw 19 , death is said to have or date stated above, at m.  The PRIMARY UNDERLYING CAUSE of death was  Contributory causes of importance in order of onset: (1) (2) (3)  Did an operation precede death?  If so, state condition for which it was undertaken  Date of operation Was there an autops  23. If death was due to external causes (violence) fill in also th Accident, suicide or homicide? Date of injury  Where did injury occur? (Specify city or town, county, a Specify whether injury occurred in industry, in home, or in  Manner of injury  Nature of injury  Nature of injury  Nature of injury in any way related to occupation of contributions of the contribution of the contribut	and State) mos. do  19  / h alive of courred on the  Duration  Duration  Duration  y? e following: // 19  ind State) public place.  deceased?  M. I

1. PLACE OF DEATH  County  Township	STATE OF MINNESOTA Division of Vital Statistics CERTIFICATE OF DEATH
O.F.	No. in Registration Book.  (Above numbers to be filled in only by local registrar or his deputy.)
or	St., Ward rred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME (Please PRINT names in capitals)	
(2a) Residence, No(Usual place of abode)	St., Ward (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mod 3 SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	s. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
OR DIVORCED (write the word)	21. DATE OF DEATH (month, day, and year) 19
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	date stated above, at
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	The PRIMARY UNDERLYING CAUSE of death was Duration
8. Trade, profession, or particular kind of work done, as engineer (type of), miner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)  11 Total time (years) spent in this occupation	Contributory causes of importance in order of onset:  (1)  (2)
12. BIRTHPLACE (city or town)	
(State or country)	Did an operation precede death?
13. NAME (Print) 14. BIRTHPLACE (city or town)	If so, state condition for which it was undertaken
(State or country)	Date of operation
NAME (Print)  16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?  (Specify city or town, county, and State)  Specify whether injury occurred in industry in home or in public place
17. INFORMANT (Address)	Specify whether injury occurred in industry, in home, or in public place.
18 Buried at	Manner of injury
Removed to (Cremation—No Yes)	-Nature of injury
19. UNDERTAKER (Address)	If so, specify
20. Filed, 19	(Signed)M. D.
or	No. in Registration Book  (Above numbers to be filled in only by local registrar or his deputy.)  St.,
2. FULL NAME (Please PRINT names in capitals)	
(2a) Residence, No.	St., Ward (If nonresident give city or town and State)
(Usual place of abode)  Length of residence in city or town where death occurred yrs. more	가는 사람들이 보고 있는데 보고 있는데 보고 있는데 보고 있는데 이번 경기를 받는데 없는데 함께 보고 있다. 그런데 보고 있는데 보고 있는데 보고 있는데 보고 있다면 보고 있다. 그렇게 되었다면 보고 있다면 보고 있다
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (month, day, and year) 19
ON DIVORCED (WITE the Willy)	22. I HEREBY CERTIFY, That I attended deceased from
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	19, to
6. DATE OF BIRTH (month, day, and year)	date stated above, atm.
7. AGE Years   Months   Days   If LESS than I day,hrs. ormin.	The PRIMARY UNDERLYING CAUSE of death was Duration
8. Trade, profession, or particular kind of work done, as engineer (type of), miner, sawyer, bookkeeper, etc.	
9. Industry or business in which work was done, as railway, mine, (kind of)	Contributory causes of importance in order of onset: Duration
saw mill, bank, etc	(1)
at this occupation (month and year) spent in this occupation	(2)
12. BIRTHPLACE (city or town) (State or country)	(3)
	If so, state condition for which it was undertaken
13. NAME (Print) 14. BIRTHPLACE (city or town)	
(State or country)	Date of operation Was there an autopsy?
NAME (Print)	Accident, suicide or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur? (Specify city or town, county, and State)
17. INFORMANT (Address)	Specify whether injury occurred in mudstry, in nome, or in public place.
18 Buried at Date 19	Manner of injury
Removed to (Gremation—No Yes)  19. UNDERTAKER (Address)	Nature of injury  24. Was disease or injury in any way related to occupation of deceased?
	If so, specify M. D.
20. Filed, 19	(Address)



## **Partially Scanned Material**

Blank pages from this item have been omitted from the digital version. The original can be viewed at the Minnesota Historical Society's Gale Family Library in Saint Paul, Minnesota. For more information, visit <a href="https://www.mnhs.org/library/">www.mnhs.org/library/</a>.

		STATE OF MINNESOTA	
County		Division of Vital Statistics	
Township		CERTIFICATE OF DEATH	
/illage	Reg. District No.	No. in Registration Book.  (Above numbers to be filled in only by local registrar or his deputy.)	
lity	No. (If death oer	St.,	Wan
FULL NAME		area in a nospital of institution, give its NAME instead of street and number	er)
(1 icase i kin i hames	in capitais)		
		St., Ward (If nonresident give city or town an	nd State)
SEX   4. COLOR OR RACE   5	5. SINGLE, MARRIED, WIDOWED	Many in parties and a second s	mos. d
	OR DIVORCED (write the word	21. DATE OF DEATH (month, day, and year)	19
. If married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY, That I attended deceased from	
(or) WIFE of			
. DATE OF BIRTH (month, day, and year) . AGE Years   Months	Days   If LESS than 1	date stated above, atm.	
	day,hrs.	The PRIMARY UNDERLYING CAUSE of death was	Duratio
8. Trade, profession, or particular kind	ormin.		
work done, as engineer (type of), m sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as railway, mine, (kind of saw mill, bank, etc.  10. Date deceased last worked			
was done, as railway, mine, (kind of saw mill, bank, etc.	D	Contributory causes of importance in order of onset:	Duration
10. Date deceased last worked at this occupation (month and year)	11 Total time (years) spent in this	(1)	
BIRTHPLACE (city or town)	occupation	(3)	
(State or country)		Did an operation precede death?	
13. NAME (Print)		If so, state condition for which it was undertaken	
14. BIRTHPLACE (cityer town) (State or country)		Date of operation Was there an autopsy?	
115 MATDEN		23. If death was due to external causes (violence) fill in also the fe	ollowing:
NAME (Print)  16. BIRTHPLACE (city or town)		Accident, suicide or homicide? Date of injury 19	
(State or country)		Where did injury occur?(Specify city or town, county, and State)  Specify whether injury occurred in industry, in home, or in public place.	
(Address)			- 2
18 Buried at Or Date 19_		Manner of injury	
Removed to (Cremation—No Yes)		Nature of injury  24. Was disease or injury in any way related to occupation of deceased?	
19. UNDERTAKER (Address)		If so, specify	
). Filed, 19		(Signed)	
1. PLACE OF DEATH ounty		STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH	
1. PLACE OF DEATH  founty  or  illage	Reg. District No.	STATE OF MINNESOTA  Division of Vital Statistics  CERTIFICATE OF DEATH  No. in Registration Book  (Above numbers to be filled in only by local registrar or his deputy.)	
1. PLACE OF DEATH ounty ownship or illage or	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  urred in a hospital or institution, give its NAME instead of street and number)	
1. PLACE OF DEATH ounty ownship or illage or ity FULL NAME (Please PRINT names in	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  arred in a hospital or institution, give its NAME instead of street and number)	War
1. PLACE OF DEATH ounty ownship or illage or ity FULL NAME (Please PRINT names in	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  arred in a hospital or institution, give its NAME instead of street and number)	War
1. PLACE OF DEATH  ounty	Reg. District No, (If death occur occurred sys. mo	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  rred in a hospital or institution, give its NAME instead of street and number)  St.,  (If nonresident give city or town and s. ds. How long in U. S. if of foreign birth? vrs. m	Ward
1. PLACE OF DEATH  ounty	Reg. District No, (If death occurs or capitals)	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  rred in a hospital or institution, give its NAME instead of street and number)  St.,  (If nonresident give city or town and s. ds. How long in U. S. if of foreign birth? vrs. m	Ward
1. PLACE OF DEATH  ounty  ownship  or  llage  or  ty  FULL NAME  (Please PRINT names is  (2a) Residence, No.  (Usual plaese print of residence in city or town where of the second of th	Reg. District No, (If death occur occurred sys. mo	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  Irred in a hospital or institution, give its NAME instead of street and number)  St.,  Ward  (If nonresident give city or town and s. ds. How long in U. S. if of foreign birth? yrs. m  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from	Ware  1 State)  1os. ds
1. PLACE OF DEATH  ounty	Reg. District No, (If death occur occurred sys. mo	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  rred in a hospital or institution, give its NAME instead of street and number)  St.,  (If nonresident give city or town and s. ds. How long in U. S. if of foreign birth? yrs. m  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from  19, to	i State) los. ds
1. PLACE OF DEATH  ounty	Reg. District No, (If death occur occurred sys. mo	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  rred in a hospital or institution, give its NAME instead of street and number)  St.,  (If nonresident give city or town and s. ds. How long in U. S. if of foreign birth? yrs. m  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from  19, to	i State) los. ds
1. PLACE OF DEATH  ounty  or  llage or  ty  FULL NAME  (Please PRINT names in  (2a) Residence, No  (Usual plaes of the plant of residence in city or town where of the plant of the plan	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  rred in a hospital or institution, give its NAME instead of street and number)  St.,  (If nonresident give city or town and s. ds. How long in U. S. if of foreign birth? yrs. m  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from  19, to	i State) los. ds
1. PLACE OF DEATH  Downship  or  Illage  or  ty  FULL NAME  (Please PRINT names is  (2a) Residence, No  (Usual plase of the control of the cont	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  rred in a hospital or institution, give its NAME instead of street and number)  St.,  (If nonresident give city or town and s. ds. How long in U. S. if of foreign birth? yrs. m  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from  19., to	1 State) nos. de
1. PLACE OF DEATH  ounty  ownship  or  illage  or  ity  FULL NAME  (Please PRINT names in  (2a) Residence, No.  (Usual pla  ength of residence in city or town where of  SEX  4. COLOR OR RACE   5.  If married, widowed, or divorced  HUSBAND of  (or) WIFE of  DATE OF BIRTH (month, day, and year)  AGE  Years  Months  8. Trade, profession, or particular kind  work done, as engineer (type of print)	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  Irred in a hospital or institution, give its NAME instead of street and number)  St.,  Ward.  (If nonresident give city or town and s. ds. How long in U. S. if of foreign birth? yrs. m  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from	1 State) nos. de
1. PLACE OF DEATH  Dunty  Ownship  or  Ilage  Oy  ty  FULL NAME  (Please PRINT names in  (2a) Residence, No  (Usual plangth of residence in city or town where of  SEX  4. COLOR OR RACE  5.  If married, widowed, or divorced HUSBAND of (or) WIFE of  DATE OF BIRTH (month, day, and year)  AGE  Years  Months  8. Trade, profession, or particular kind work done, as engineer (type of), min sawyer, bookkeeper, etc.  9. Industry or husinese in which work	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  Irred in a hospital or institution, give its NAME instead of street and number)  St.,  Ward (If nonresident give city or town and s. ds. How long in U. S. if of foreign birth? yrs. m  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from	1 State) nos. de
1. PLACE OF DEATH  ounty  winship or  ty  FULL NAME  (Please PRINT names in  (2a) Residence, No  (Usual plangth of residence in city or town where of  SEX  4. COLOR OR RACE  5.  If married, widowed, or divorced HUSBAND of (or) WIFE of  OATE OF BIRTH (month, day, and year)  AGE  Years  Months  8. Trade, profession, or particular kind work done, as engineer (type of), min sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc.  10. Date deceased last worked	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  Irred in a hospital or institution, give its NAME instead of street and number)  St.,  Ward.  (If nonresident give city or town and s. ds. How long in U. S. if of foreign birth? yrs. m  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from	i State) 19 alive or rred on the
1. PLACE OF DEATH  Dunty	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  rred in a hospital or institution, give its NAME instead of street and number)  St.,  Ward  (If nonresident give city or town and s. ds. How long in U. S. if of foreign birth? yrs. m  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 19, to 19 I last saw h  19; death is said to have occur date stated above, at m.  The PRIMARY UNDERLYING GAUSE of death was  Contributory causes of importance in order of onset:  (1)  (2)	i State) los. de  19  alive or rred on the  Duration
1. PLACE OF DEATH  Dunty  Ownship  or  Ilage  ty  FULL NAME  (Please PRINT names in  (2a) Residence, No  (Usual plangth of residence in city or town where of  SEX  4. COLOR OR RACE  5.  If married, widowed, or divorced HUSBAND of (or) WIFE of  DATE OF BIRTH (month, day, and year)  AGE  Years  Months  8. Trade, profession, or particular kind work done, as engineer (type of), min sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  Irred in a hospital or institution, give its NAME instead of street and number)  St.,  Ward  (If nonresident give city or town and s. ds. How long in U. S. if of foreign birth? yrs. m  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from	Duration
1. PLACE OF DEATH  Dunty  Ownship  or  Ilage  (Please PRINT names in  (2a) Residence, No	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  rred in a hospital or institution, give its NAME instead of street and number)  St.,  Ward  (If nonresident give city or town and s. ds. How long in U. S. if of foreign birth? yrs. m  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 19, to 19 I last saw h  19; death is said to have occur date stated above, at m.  The PRIMARY UNDERLYING GAUSE of death was  Contributory causes of importance in order of onset:  (1)  (2)	Ware  il State) hos. de  19  alive of rred on the  Duration
1. PLACE OF DEATH  Dunty  Ownship  Or  Ilage  Or  ty  FULL NAME  (Please PRINT names in  (2a) Residence, No  (Usual plangth of residence in city or town where of  SEX  4. COLOR OR RACE  5.  If married, widowed, or divorced  HUSBAND of  (or) WIFE of  DATE OF BIRTH (month, day, and year)  AGE Years  Months  8. Trade, profession, or particular kindwork done, as engineer (type of), min sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)  BIRTHPLACE (city or town)  (State or country)  13. NAME (Print)  14. BIRTHPLACE (city or town)	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  St.,  Ward  (If nonresident give city or town and s. ds. How long in U. S. if of foreign birth? yrs. m  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 19, to 19, I last saw h.  19, to 19, death is said to have occur date stated above, at m.  The PRIMARY UNDERLYING GAUSE of death was  Contributory causes of importance in order of onset: (1) (2) (3)  Did an operation precede death?  If so, state condition for which it was undertaken	i State) nos. ds 19 alive or rred on the
1. PLACE OF DEATH  Dunty  Ownship.  Or  Illage.  Or  ty  FULL NAME  (Please PRINT names in  (2a) Residence, No.  (Usual plase price of the properties of the	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  Irred in a hospital or institution, give its NAME instead of street and number)  St.,  (If nonresident give city or town and s. ds. How long in U. S. if of foreign birth? yrs. m  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 19, to 19, I last saw h.  19; death is said to have occur date stated above, at m.  The PRIMARY UNDERLYING GAUSE of death was  Contributory causes of importance in order of onset:  (1)  (2)  (3)  Did an operation precede death?  If so, state condition for which it was undertaken  Date of operation Was there an autopsy?	i State) nos. ds 19  alive or rred on the Duration
1. PLACE OF DEATH  Dunty  Ownship  Or  Illage  Or  ty  FULL NAME  (Please PRINT names in  (2a) Residence, No	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  St.,  Ward  (If nonresident give city or town and s. ds. How long in U. S. if of foreign birth? yrs. m  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 19, to 19, I last saw h.  19, to 19, death is said to have occur date stated above, at m.  The PRIMARY UNDERLYING GAUSE of death was  Contributory causes of importance in order of onset: (1) (2) (3)  Did an operation precede death?  If so, state condition for which it was undertaken	i State) nos. ds 19  alive or rred on the  Duration  Duration
1. PLACE OF DEATH  Dunty  Ownship.  Or  Illage.  Or  ty  FULL NAME  (Please PRINT names in  (2a) Residence, No.  (Usual plase price of the properties of the	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book.  (Above numbers to be filled in only by local registrar or his deputy.)  St.,  Irred in a hospital or institution, give its NAME instead of street and number)  St.,  Ward.  (If nonresident give city or town and s. ds. How long in U. S. if of foreign birth? yrs. m  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from	Duration  Duration  Duration
1. PLACE OF DEATH  ounty  ownship or illage of ity  FULL NAME  (Please PRINT names in  (2a) Residence, No	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book	Ward  i State) hos. ds  19  Duration  Duration  Blowing: 19  State) blic place,
1. PLACE OF DEATH  ounty  or illage  or  ity  FULL NAME  (Please PRINT names in  (2a) Residence, No	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book.  (Above numbers to be filled in only by local registrar or his deputy.)  St.,  Tred in a hospital or institution, give its NAME instead of street and number.  St.,  Ward  (If nonresident give city or town and s. ds. How long in U. S. if of foreign birth? yrs. m  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from	Duration  Duration  State)  19  State)  State)  blic place,
1. PLACE OF DEATH  ounty  ownship or illage or ity  FULL NAME  (Please PRINT names in  (2a) Residence, No	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book	Duration  Duration  Duration  State)
1. PLACE OF DEATH  ounty  ownship  or  illage  or  ity  FULL NAME  (Please PRINT names in  (2a) Residence, No.  (Usual plase and the series of	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  Irred in a hospital or institution, give its NAME instead of street and number)  St.,  Ward  (If nonresident give city or town and st. How long in U. S. if of foreign birth? yrs. m  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from 19, to 19, I last saw h.  19, ideath is said to have occur date stated above, at m.  The PRIMARY UNDERLYING CAUSE of death was  Contributory causes of importance in order of onset:  (1)  (2)  (3)  Did an operation precede death?  If so, state condition for which it was undertaken  Date of operation Was there an autopsy?  23. If death was due to external causes (violence) fill in also the fol Accident, suicide or homicide? Date of injury  Where did injury occur?  (Specify city or town, county, and S Specify whether injury occurred in industry, in home, or in put	Duration  Duration  Duration  Duration  Duration
1. PLACE OF DEATH  ounty  ownship  or  illage  or  ity  FULL NAME  (Please PRINT names in  (2a) Residence, No	Reg. District No	STATE OF MINNESOTA Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  St.,  Ward (If nonresident give city or town and s. How long in U. S. if of foreign birth? yrs. m  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from	Duration  Duration  Blowing:  19  State) blic place,
1. PLACE OF DEATH  ounty  or illage or ity  FULL NAME  (Please PRINT names in  (2a) Residence, No (Usual playingth of residence in city or town where of  SEX  4. COLOR OR RACE  DATE OF BIRTH (month, day, and year)  AGE  Years  Months  8. Trade, profession, or particular kind work done, as engineer (type of), min sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)  BIRTHPLACE (city or town) (State or country)  13. NAME (Print)  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME (Print)  16. BIRTHPLACE (city or town) (State or country)  INFORMANT (Address)  Buried at or Removed to  UNDERTAKER	Reg. District No	STATE OF MINNESOTA  Division of Vital Statistics CERTIFICATE OF DEATH  No. in Registration Book (Above numbers to be filled in only by local registrar or his deputy.)  St.,  Irred in a hospital or institution, give its NAME instead of street and number)  St.,  Ward  (If nonresident give city or town and s. How long in U. S. if of foreign birth? yrs. m  21. DATE OF DEATH (month, day, and year)  22. I HEREBY CERTIFY, That I attended deceased from  19, to	Duration  Duration  Duration  State) blic place,  M. D.

EDEATHS

