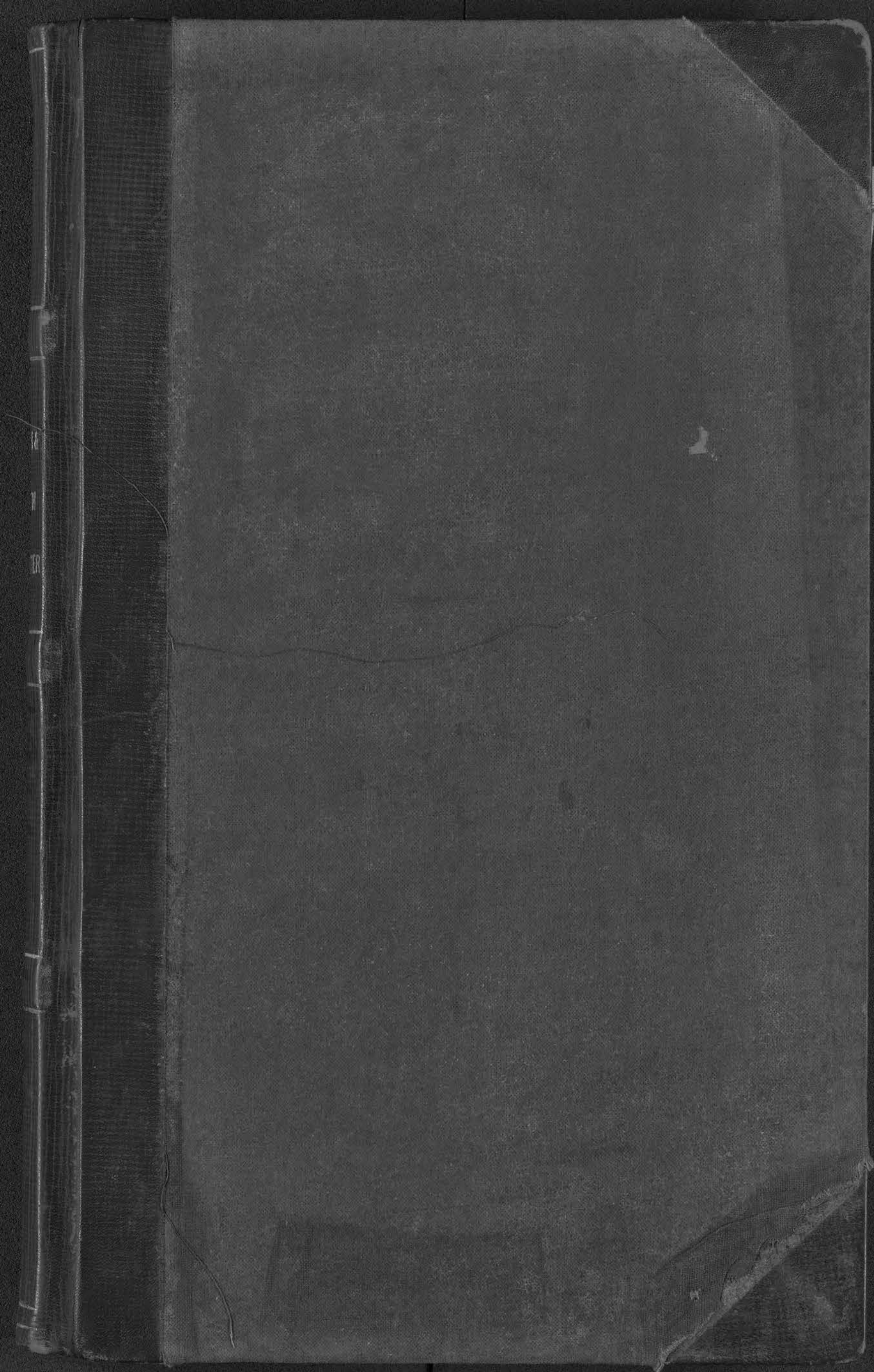




[Princeton \(Minn. : Township\).
Birth and Death Certificates.](#)

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 www.mnhs.org/copyright.



BOOTH'S

REGISTER OF BIRTHS AND DEATHS

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

MINNEAPOLIS
WALTER S. BOOTH & SON, INC., PUBLISHERS

BOOTH'S

REGISTER OF BIRTHS AND DEATHS

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

MINNEAPOLIS
WALTER S. BOOTH & SON, INC., PUBLISHERS

A
B
C
D
E
F
G
H
I
J
K
L
M
Mc
N
O
P
Q
R
S
T
U
V
W
X
Y
Z

BIRTHS
DEATHS

REGISTER OF BIRTHS AND DEATHS

Minnesota Department of Health
469 State Office Bldg
St Paul.

BIRTHS

DEATHS

JonasOLF Kuntzen P. 161
Hattie Van Wagner P 161
James Edwin Sanford 162

A
B
C
D
E
F
G
H
I
J
K
L
M
Mc
N
O
P
Q
R
S
T
U
V
W
X
Y
Z

BIRTHS

DEATHS

BIRTHS

DEATHS

Clair Bergeson Page 1
" " " 2

~~Amos Edna Sanford~~

1 Bockover " 8

Dwaine Bebusi " 11

Lois Bergmann " 16.

Sydia Boyer P 165

Ethel Bullford 168

Wm Bonholdt. 173

A
B
C
D
E
F
G
H
I
J
K
L
M
Mc
N
O
P
Q
R
S
T
U
V
W
X
Y
Z

C
D

BIRTHS

DEATHS

BIRTHS

DEATHS

Arleen M Clemmons P. 15
Roger Allen Clemmons . 15

C
D
E
F
G
H
I
J
K
L
M
Mc
N
O
P
Q
R
S
T
U
V
W
X
Y
Z

BIRTHS

DEATHS

BIRTHS

DEATHS

E
F

BIRTHS
E
F
G
H
I
J
K
L
M
Mc
N
O
P
Q
R
S
T
U
V
W
X
Y
Z

BIRTHS

DEATHS

BIRTHS

DEATHS

Roger Lee Gustafson P 17 H.C. Harrington 163.
 Lane Gene P 18

G
H

BIRTHS

G
H
I
J
K
L
M
Mc
N
O
P
Q
R
S
T
U
V
W
X
Y
Z

BIRTHS

DEATHS

BIRTHS

DEATHS

Ruby Mae Lemmison P 4

Collen Carol Jones P 17

I
J

I
J
K
L
M
Mc
N
O
P
Q
R
S
T
U
V
W
X
Y
Z

BIRTHS

DEATHS

BIRTHS

DEATHS

BIRTHS

DEATHS

Seider

P16

K
L

K
L
M
Mc
N
O
P
Q
R
S
T
U
V
W
X
Y
Z

BIRTHS

DEATHS

BIRTHS

DEATHS

Rich John Math P 9
Mayer " 13.

Rich John Math P. 162
Robert McMin. P 164

M
Mc

M
Mc
N
O
P
Q
R
S
T
U
V
W
X
Y
Z

BIRTHS

DEATHS

BIRTHS

DEATHS

*Dengel Oaker Page 3.
 Roman Arthur Otto P 10
 James Robert Oliver P. 18*

N
 O

N
 O
 P
 Q
 R
 S
 T
 U
 V
 W
 X
 Y
 Z

BIRTHS

DEATHS

BIRTHS

DEATHS

BIRTHS

DEATHS

~~Barbara~~
Shirley B. Peterson P-9.

P
Q

P
Q
R
S
T
U
V
W
X
Y
Z

BIRTHS

DEATHS

BIRTHS

DEATHS

BIRTHS

DEATHS

David Bruce Sanford P- 4
James Edwin Sanford P 7

James Edwin Sanford 162

Neil Robideaux Page 2

Barbara Rosen " 8

John Henry Rust " 12

May M. Strauch P 164

August Schlerer P 165

R
S

R
S
T
U
V
W
X
Y
Z

BIRTHS

DEATHS

BIRTHS

DEATHS

Amanda Thoma P. 163

T
U

T
U
V
W
X
Y
Z

BIRTHS

DEATHS

BIRTHS

DEATHS

Bernard Leroy Weeloh Page 1

Veal P. 13
Jonice Villmon P 14

V
W

V
W
X
Y
Z

BIRTHS

DEATHS

BIRTHS

DEATHS

BIRTHS

DEATHS

Robert Joseph P-14

X
Y

X
Y
Z

BIRTHS

DEATHS

BIRTHS

DEATHS

Z

Z

BIRTHS

DEATHS

BIRTHS

DEATHS

BIRTHS

DEATHS

BIRTHS

DEATHS

BIRTHS

BIRTHS

DEATHS

247812

BIRTHS

BIRTHS

DEATHS

PLACE OF BIRTH

1. County of Miller Lake
 Township of Princeton
 or
 Village of _____
 or
 City of _____

2. FULL NAME OF CHILD Bernard Leroy Weslok
 (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)

(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.

3. Sex <u>M</u>	If plural births	4. Twin, triplet, or other	6. Premature Full term	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Dec 1</u> , 19 <u>36</u> (Month, day, year)
5. Number, in order of birth					
9. Full name <u>Edwin D. Weslok</u>			16. Full maiden name <u>Evenlyn M. Enmark</u>		
10. Residence (usual place of abode) (If nonresident, give place and State) <u>Princeton</u>			17. Residence (usual place of abode) (If nonresident, give place and State) <u>Princeton</u>		
11. Color or race <u>W</u>			18. Color or race <u>W</u>		
12. Age at last birthday <u>29</u> (years)			19. Age at last birthday <u>32</u> (years)		
13. Birthplace (city or place) (State or country) <u>Minnesota</u>			20. Birthplace (city or place) (State or country) <u>Minnesota</u>		
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. <u>Farmer</u>			21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
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 <u>4</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>					
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? <u>Yes</u>					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 30 P. M., 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-

mental report _____, 19____

(Signature) W. R. Bloomberg
 Date Dec 1 Address _____
 (Signature) Geo. Borchard
 Filed Dec 8, 1936 Address Princeton
 REGISTRAR

PLACE OF BIRTH

1. County of Miller Lake
 Township of Princeton
 or
 Village of _____
 or
 City of _____

2. FULL NAME OF CHILD Kenneth Roy Bergeson
 (Please PRINT names in capitals)

THE STATE OF MINNESOTA

Division of Vital Statistics

CERTIFICATE OF BIRTH

Reg. District No. 2881 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.

3. Sex <u>M</u>	If plural births	4. Twin, triplet, or other	6. Premature Full term	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>May 8</u> , 19 <u>36</u> (Month, day, year)
5. Number, in order of birth					
9. Full name <u>Clair Bergeson</u>			16. Full maiden name <u>Dorothy Wresch</u>		
10. Residence (usual place of abode) (If nonresident, give place and State) <u>Princeton</u>			17. Residence (usual place of abode) (If nonresident, give place and State) <u>Princeton</u>		
11. Color or race <u>W</u>			18. Color or race <u>W</u>		
12. Age at last birthday <u>27</u> (years)			19. Age at last birthday <u>24</u> (years)		
13. Birthplace (city or place) (State or country) <u>Brickton</u>			20. Birthplace (city or place) (State or country) <u>Minnesota</u>		
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. <u>Laborer</u>			21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
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 <u>3</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>					
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					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 45 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.

*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____

(Signature) Mrs. Abe Bergeson
 Date 2/13-37 Address Princeton
 (Signature) Geo. Borchard
 Filed 3-9, 1937 Address _____
 REGISTRAR

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____

THE STATE OF MINNESOTA

Division of Vital Statistics

CERTIFICATE OF BIRTH

Reg. District No. 2881 No. in Registration Book _____
 (Above numbers to be filled in only by local registrar or his deputy)

2. FULL NAME OF CHILD Agnes Lucille Bergeon
 (Please PRINT names in capitals)

(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.)

3. Sex <u>Female</u>	If plural births _____	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate <u>yes</u>	8. Date of birth <u>Feb 8</u> , 19 <u>31</u> (Month, day, year)
9. Full name (PRINT) <u>Clair Bergeon</u>				16. Full maiden name (PRINT) <u>Dorothy Mesch</u>		
10. Residence (usual place of abode) (If nonresident, give place and State) <u>Princeton</u>				17. Residence (usual place of abode) (If nonresident, give place and State) <u>Princeton Minn</u>		
11. Color or race <u>W</u>		12. Age at last birthday <u>21</u> (years)		18. Color or race <u>W</u>		19. Age at last birthday <u>18</u> (years)
13. Birthplace (city or place) (State or country) <u>Buckton Minn</u>				20. Birthplace (city or place) (State or country) <u>Princeton Minn</u>		
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. <u>Farmer</u>				21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
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 <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>						
24. If stillborn, period of gestation _____		25. Cause of stillbirth _____		Before Labor _____ 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 Born alive at 3:00 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.

(Signature) Mrs Abe Bergeon
 PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)
 Date 2-13-31 Address Princeton
 (Signature) Geo Bouhard
 REGISTRAR
 Filed 2-9, 1931 Address Princeton

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____

THE STATE OF MINNESOTA

Division of Vital Statistics

CERTIFICATE OF BIRTH

Reg. District No. 2881 No. in Registration Book _____
 (Above numbers to be filled in only by local registrar or his deputy)

2. FULL NAME OF CHILD Margaret Lois Rapideau
 (Please PRINT names in capitals)

(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.)

3. Sex <u>Female</u>	If plural births _____	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate <u>yes</u>	8. Date of birth <u>Oct 4</u> , 19 <u>31</u> (Month, day, year)
9. Full name (PRINT) <u>Neil Rapideau</u>				16. Full maiden name (PRINT) <u>Doris Bergeon</u>		
10. Residence (usual place of abode) (If nonresident, give place and State) <u>Princeton</u>				17. Residence (usual place of abode) (If nonresident, give place and State) <u>Buckton Minn</u>		
11. Color or race <u>W</u>		12. Age at last birthday <u>21</u> (years)		18. Color or race <u>W</u>		19. Age at last birthday <u>19</u> (years)
13. Birthplace (city or place) (State or country) <u>Princeton Minn</u>				20. Birthplace (city or place) (State or country) <u>Buckton</u>		
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. <u>Farmer</u>				21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
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 <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>						
24. If stillborn, period of gestation _____		25. Cause of stillbirth _____		Before Labor _____ 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 Born alive at 6:00 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.

(Signature) Mrs Abe Bergeon
 PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)
 Date _____ Address Princeton
 (Signature) Geo Bouhard
 REGISTRAR
 Filed 3-9, 1931 Address Princeton

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____

THE STATE OF MINNESOTA

Division of Vital Statistics

CERTIFICATE OF BIRTH

Reg. District No. 2881 No. in Registration Book _____
 (Above numbers to be filled in only by local registrar or his deputy)

2. FULL NAME OF CHILD Oakes
 (Please PRINT names in capitals)

(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.)

3. Sex <u>male</u>	If plural births _____	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate <u>yes</u>	8. Date of birth <u>Feb 14</u> , 19 <u>37</u> (Month, day, year)
9. Full name (PRINT) <u>Denzel Oakes</u>				16. Full maiden name (PRINT) <u>Mirewa Peterson</u>		
10. Residence (usual place of abode) (If nonresident, give place and State) <u>Princeton</u>				17. Residence (usual place of abode) (If nonresident, give place and State) <u>Princeton</u>		
11. Color or race <u>W</u>		12. Age at last birthday <u>37</u> (years)		18. Color or race <u>W</u>		19. Age at last birthday <u>23</u> (years)
13. Birthplace (city or place) (State or country) <u>Minn</u>				20. Birthplace (city or place) (State or country) <u>Minn</u>		
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. <u>Housewife</u>		
15. Industry or business in which work was done, as factory, office, bank, etc. <u>Butcher</u>				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 <u>3</u> (b) Born alive but now dead _____ (c) Stillborn _____						
24. If stillborn, period of gestation _____		25. Cause of stillbirth _____		Before Labor _____ 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 Born alive at 12:30 P.M., on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.

(Signature) G. H. Calley
 PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)
 Date Feb 20 1937 Address _____
 (Signature) Geo Bouhard
 REGISTRAR
 Filed 3-9, 1937 Address Princeton

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____

THE STATE OF MINNESOTA

Division of Vital Statistics

CERTIFICATE OF BIRTH

Reg. District No. 2881 No. in Registration Book _____
 (Above numbers to be filled in only by local registrar or his deputy)

2. FULL NAME OF CHILD Rick
 (Please PRINT names in capitals)

(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.)

3. Sex <u>male</u>	If plural births _____	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate <u>yes</u>	8. Date of birth <u>March 27</u> , 19 <u>37</u> (Month, day, year)
9. Full name (PRINT) <u>Alfred Rick</u>				16. Full maiden name (PRINT) <u>Sylvia Lindeman</u>		
10. Residence (usual place of abode) (If nonresident, give place and State) <u>Minn</u>				17. Residence (usual place of abode) (If nonresident, give place and State) <u>Princeton</u>		
11. Color or race <u>W</u>		12. Age at last birthday <u>24</u> (years)		18. Color or race <u>W</u>		19. Age at last birthday <u>24</u> (years)
13. Birthplace (city or place) (State or country) _____				20. Birthplace (city or place) (State or country) <u>S. Dak</u>		
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. <u>Housewife</u>		
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. <u>own home</u>		
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>						
24. If stillborn, period of gestation _____		25. Cause of stillbirth _____		Before Labor _____ During Labor _____		
26. Was 1% silver nitrate used to prevent infant blindness? Yes <u>no</u>						

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7:15 P.M., on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.

(Signature) G. H. Calley
 PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)
 Date April 5 Address Princeton
 (Signature) Geo Bouhard
 REGISTRAR
 Filed April 9, 1937 Address _____

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Puncheon
 or
 Village of _____
 or
 City of _____

THE STATE OF MINNESOTA

Division of Vital Statistics

CERTIFICATE OF BIRTH

Reg. District No. 2887 No. in Registration Book _____
 (Above numbers to be filled in only by local registrar or his deputy)

2. FULL NAME OF CHILD Ruby Mae Fennison
 (Please PRINT names in capitals)

3. Sex Female 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate _____ 8. Date of birth April 12, 1937
 (Month, day, year)

9. Full name (PRINT) FATHER Samuel Gilbert Fennison 16. Full maiden name (PRINT) MOTHER Goldie Marion Foote

10. Residence (usual place of abode) (If nonresident, give place and State) Mille Lacs Co Minn 17. Residence (usual place of abode) (If nonresident, give place and State) Minn

11. Color or race W 12. Age at last birthday 28 (years) 18. Color or race W 19. Age at last birthday 21 (years)

13. Birthplace (city or place) (State or country) Shelburne Co Minn 20. Birthplace (city or place) (State or country) Chippewa Minn

14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Farmer 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 15. Industry or business in which work was done, as factory, office, bank, etc. Farmer 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 1 (b) Born alive but now dead 0 (c) Stillborn 0

24. If stillborn, period of gestation _____ 25. Cause of stillbirth _____
 Before Labor _____
 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 Born alive at 2:45 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.

(Signature) W R Bloomberg M.D. PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)

Date April 12 Address Puncheon

Given name added from a supplemental report _____, 1937

Filed May 10, 1937 Address _____ REGISTRAR

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Puncheon
 or
 Village of _____
 or
 City of David Bruce

THE STATE OF MINNESOTA

Division of Vital Statistics

CERTIFICATE OF BIRTH

Reg. District No. 2887 No. in Registration Book _____
 (Above numbers to be filled in only by local registrar or his deputy)

2. FULL NAME OF CHILD Ellis Burke Sanford
 (Please PRINT names in capitals)

3. Sex M 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate _____ 8. Date of birth April 26, 1937
 (Month, day, year)

9. Full name (PRINT) FATHER Ellis Burke Sanford 16. Full maiden name (PRINT) MOTHER Melina Estella Peterson

10. Residence (usual place of abode) (If nonresident, give place and State) Puncheon 17. Residence (usual place of abode) (If nonresident, give place and State) Mille Lacs Co Minn

11. Color or race W 12. Age at last birthday 29 (years) 18. Color or race W 19. Age at last birthday 26 (years)

13. Birthplace (city or place) (State or country) Mille Lacs Co Minn 20. Birthplace (city or place) (State or country) Millford Iowa

14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Farmer 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 15. Industry or business in which work was done, as factory, office, bank, etc. Farmer 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 2 (b) Born alive but now dead 0 (c) Stillborn 0

24. If stillborn, period of gestation _____ 25. Cause of stillbirth _____
 Before Labor _____
 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 Born alive at 4:15 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.

(Signature) W R Bloomberg PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)

Date April 26 Address Puncheon

Given name added from a supplemental report _____, 1937

Filed May 10, 1937 Address _____ REGISTRAR

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Puncheon
 or
 Village of _____
 or
 City of _____

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)

2. FULL NAME OF CHILD Janet Mary Fiero
 (Please PRINT names in capitals)

3. Sex Female 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate _____ 8. Date of birth May 21, 1937
 (Month, day, year)

9. Full name (PRINT) FATHER Dale R Fiero 16. Full maiden name (PRINT) MOTHER Mary Anna DeFulio

10. Residence (usual place of abode) (If nonresident, give place and State) Puncheon 17. Residence (usual place of abode) (If nonresident, give place and State) Puncheon

11. Color or race W 12. Age at last birthday 33 (years) 18. Color or race W 19. Age at last birthday 23 (years)

13. Birthplace (city or place) (State or country) Minn 20. Birthplace (city or place) (State or country) Minn

14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Sapor 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. Housewife

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 _____ 25. Cause of stillbirth _____
 Before Labor _____
 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 alive at 7:45 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.

(Signature) G R Calay PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)

Date May 25 Address Puncheon

Given name added from a supplemental report _____, 1937

Filed June 10, 1937 Address Puncheon Minn REGISTRAR

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Puncheon
 or
 Village of _____
 or
 City of _____

THE STATE OF MINNESOTA

Division of Vital Statistics

CERTIFICATE OF BIRTH

Reg. District No. 2887 No. in Registration Book _____
 (Above numbers to be filled in only by local registrar or his deputy)

2. FULL NAME OF CHILD Chloe Ruth Sloan
 (Please PRINT names in capitals)

3. Sex F 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate _____ 8. Date of birth Aug 9, 1937
 (Month, day, year)

9. Full name (PRINT) FATHER William Alva Sloan 16. Full maiden name (PRINT) MOTHER Bertha Alice Miller

10. Residence (usual place of abode) (If nonresident, give place and State) Long Siding 17. Residence (usual place of abode) (If nonresident, give place and State) Long Siding

11. Color or race White 12. Age at last birthday 38 (years) 18. Color or race W 19. Age at last birthday 35 (years)

13. Birthplace (city or place) (State or country) Indiana 20. Birthplace (city or place) (State or country) Indiana

14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Sammy 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 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 _____

24. If stillborn, period of gestation _____ 25. Cause of stillbirth _____
 Before Labor _____
 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 alive at 8 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.

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

Date April 1, 1937 Address Puncheon

Given name added from a supplemental report _____, 1937

Filed July 6, 1937 Address Puncheon Minn REGISTRAR

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____

THE STATE OF MINNESOTA

Division of Vital Statistics

CERTIFICATE OF BIRTH

Reg. District No. 2881 No. in Registration Book _____
 (Above numbers to be filled in only by local registrar or his deputy)

2. FULL NAME OF CHILD Glenn Isaac Snou
 (Please PRINT names in capitals)

3. Sex <u>M</u>	If plural births _____	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>April 7</u> , 19 <u>15</u>
FATHER (PRINT) 9. Full name <u>William Alva Snou</u>				MOTHER (PRINT) 16. Full maiden name <u>Bertha Alva Miller</u>		
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 <u>M</u>		12. Age at last birthday <u>35</u> (years)		18. Color or race <u>W</u>		19. Age at last birthday <u>33</u> (years)
13. Birthplace (city or place) (State or country) <u>Illinois</u>				20. Birthplace (city or place) (State or country) <u>Indiana</u>		
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. <u>Farmer</u>				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. <u>Housewife</u>		
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>8</u> (b) Born alive but now dead <u>1</u> (c) Stillborn _____						
24. If stillborn, period of gestation _____ months _____ weeks _____ 25. Cause of stillbirth _____ Before Labor _____ During Labor _____						
26. Was 1% silver nitrate used to prevent infant blindness? Yes <u>No</u>						

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 P.M., on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.

(Signature) Dr. B. A. Snou
 Date Aug 17, 1915 Address Princeton
 (Signature) Geo. Borchard
 Filed July 6, 1915 Address Princeton Minn.

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____

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)

2. FULL NAME OF CHILD Baby LEIDER
 (Please PRINT names in capitals)

3. Sex <u>Female</u>	If plural births _____	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>June 10</u> , 19 <u>17</u>
FATHER (PRINT) 9. Full name <u>Otto W. Leider</u>				MOTHER (PRINT) 16. Full maiden name <u>Rose Potz</u>		
10. Residence (usual place of abode) (If nonresident, give place and State) <u>Princeton Minn.</u>				17. Residence (usual place of abode) (If nonresident, give place and State) <u>Princeton Minn.</u>		
11. Color or race <u>white</u>		12. Age at last birthday <u>34</u> (years)		18. Color or race <u>white</u>		19. Age at last birthday <u>19</u> (years)
13. Birthplace (city or place) (State or country) <u>Minn.</u>				20. Birthplace (city or place) (State or country) <u>Minn.</u>		
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. <u>Farmer</u>				21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
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. <u>Own Home</u>		
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>0</u>						
24. If stillborn, period of gestation _____ months _____ weeks _____ 25. Cause of stillbirth _____ Before Labor _____ During Labor _____						
26. Was 1% silver nitrate used to prevent infant blindness? Yes <u>No</u>						

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:00 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.

(Signature) Dr. B. A. Snou
 Date June 15, 1917 Address Princeton Minn.
 (Signature) Geo. Borchard
 Filed July 9, 1917 Address Princeton Minn.

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____

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)

2. FULL NAME OF CHILD Baby MEYER
 (Please PRINT names in capitals)

3. Sex <u>Female</u>	If plural births _____	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>June 2</u> , 19 <u>17</u>
FATHER (PRINT) 9. Full name <u>RUBEN F. MEYER</u>				MOTHER (PRINT) 16. Full maiden name <u>MABEL S. HANSEN</u>		
10. Residence (usual place of abode) (If nonresident, give place and State) <u>Princeton</u>				17. Residence (usual place of abode) (If nonresident, give place and State) _____		
11. Color or race <u>white</u>		12. Age at last birthday <u>23</u> (years)		18. Color or race <u>white</u>		19. Age at last birthday <u>21</u> (years)
13. Birthplace (city or place) (State or country) <u>Minn.</u>				20. Birthplace (city or place) (State or country) <u>Minn.</u>		
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. <u>Farmer</u>				21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
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 <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>						
24. If stillborn, period of gestation _____ months _____ weeks _____ 25. Cause of stillbirth _____ Before Labor _____ During Labor _____						
26. Was 1% silver nitrate used to prevent infant blindness? Yes <u>No</u>						

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:30 P.M., on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.

(Signature) Dr. B. A. Snou
 Date June 10, 1917 Address Princeton Minn.
 (Signature) Geo. Borchard
 Filed July 9, 1917 Address Princeton Minn.

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____

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)

2. FULL NAME OF CHILD James Edwin Sanford
 (Please PRINT names in capitals)

3. Sex _____	If plural births _____	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate? _____	8. Date of birth <u>July 22</u> , 19 <u>17</u>
FATHER (PRINT) 9. Full name <u>Clement Sanford</u>				MOTHER (PRINT) 16. Full maiden name <u>Mabel Selander Sanford</u>		
10. Residence (usual place of abode) (If nonresident, give place and State) <u>Princeton</u>				17. Residence (usual place of abode) (If nonresident, give place and State) <u>Mille Lacs Co</u>		
11. Color or race <u>W</u>		12. Age at last birthday <u>35</u> (years)		18. Color or race <u>W</u>		19. Age at last birthday <u>33</u> (years)
13. Birthplace (city or place) (State or country) <u>Mille Lacs Co</u>				20. Birthplace (city or place) (State or country) <u>Mille Lacs Minn.</u>		
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. <u>Teacher</u>				21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as factory, office, bank, etc. <u>Princeton</u>				22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. <u>Home</u>		
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>0</u>						
24. If stillborn, period of gestation _____ months _____ weeks _____ 25. Cause of stillbirth _____ Before Labor _____ During Labor _____						
26. Was 1% silver nitrate used to prevent infant blindness? Yes <u>No</u>						

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:50 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.

(Signature) Dr. B. A. Snou
 Date July 23, 1917 Address Princeton Minn.
 (Signature) Geo. Borchard
 Filed Aug 9, 1917 Address Princeton Minn.

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Pinecon
 or
 Village of _____
 or
 City of _____

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

2. FULL NAME OF CHILD Barbara Jeanne Rosen
 (Please PRINT names in capitals)

3. Sex F If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate _____ 8. Date of birth July 28, 1957
 (Month, day, year)

9. Full name (PRINT) FATHER Ewald Ernst Rosen MOTHER Viola Lora Steves

10. Residence (usual place of abode) (If nonresident, give place and State) Mille Lacs Co

11. Color or race W 12. Age at last birthday 36 (years) 18. Color or race W 19. Age at last birthday 23 (years)

13. Birthplace (city or place) (State or country) Elmhurst Ill 20. Birthplace (city or place) (State or country) Stanti Minn

14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Farmer 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as factory, office, bank, etc. Same 22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. Same

23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:30 P.M., on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.

(Signature) W. B. Bloomberg PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)

Date July 22 Address _____

Given name added from a supplemental report _____, 19____ (Signature) Geo. Borchard REGISTRAR

Filed Aug 9, 1957 Address Pinecon Minn

PLACE OF BIRTH

1. County of Mille Lacs Co
 Township of Pinecon
 or
 Village of _____
 or
 City of _____

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

2. FULL NAME OF CHILD Bockoven
 (Please PRINT names in capitals)

3. Sex M If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate _____ 8. Date of birth Aug 3, 1957
 (Month, day, year)

9. Full name (PRINT) FATHER Ervin Bockoven MOTHER Elvina Kunitz

10. Residence (usual place of abode) (If nonresident, give place and State) Pinecon

11. Color or race W 12. Age at last birthday 32 (years) 18. Color or race W 19. Age at last birthday 19 (years)

13. Birthplace (city or place) (State or country) Mille Lacs Co 20. Birthplace (city or place) (State or country) Stanti Minn

14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. INPA Worker 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as factory, office, bank, etc. INPA Work. 22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. Same

23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:20 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.

(Signature) Dorothy Shuman M.D. PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)

Date Aug 4 Address Cambridge

Given name added from a supplemental report _____, 19____ (Signature) Geo. Borchard REGISTRAR

Filed Aug 9, 1957 Address Pinecon Minn

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Pinecon
 or
 Village of _____
 or
 City of _____

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

2. FULL NAME OF CHILD Shirley Beverly Peterson
 (Please PRINT names in capitals)

3. Sex F If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate _____ 8. Date of birth Aug 26, 1957
 (Month, day, year)

9. Full name (PRINT) FATHER George Leonard Peterson MOTHER Belinda E. Hansen

10. Residence (usual place of abode) (If nonresident, give place and State) Mille Lacs Co

11. Color or race W 12. Age at last birthday 25 (years) 18. Color or race W 19. Age at last birthday 25 (years)

13. Birthplace (city or place) (State or country) Minn 20. Birthplace (city or place) (State or country) Minn

14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Same 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as factory, office, bank, etc. Same 22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. Same

23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7:10 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.

(Signature) W. B. Bloomberg PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)

Date Sept 7 Address _____

Given name added from a supplemental report _____, 19____ (Signature) Geo. Borchard REGISTRAR

Filed Sept 9, 1957 Address Pinecon Minn

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Pinecon
 or
 Village of _____
 or
 City of _____

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

2. FULL NAME OF CHILD Rich John Matt
 (Please PRINT names in capitals)

3. Sex Male If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate _____ 8. Date of birth Sept 23, 1957
 (Month, day, year)

9. Full name (PRINT) FATHER Clyde Matt MOTHER Harriet Kalpers

10. Residence (usual place of abode) (If nonresident, give place and State) Pinecon

11. Color or race W 12. Age at last birthday 29 (years) 18. Color or race W 19. Age at last birthday 23 (years)

13. Birthplace (city or place) (State or country) Labores 20. Birthplace (city or place) (State or country) Minn

14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Labores 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as factory, office, bank, etc. Same 22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. Same

23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 0

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:00 P.M., on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.

(Signature) G. B. Borchard PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)

Date Sept 30 Address _____

Given name added from a supplemental report _____, 19____ (Signature) Geo. Borchard REGISTRAR

Filed Oct 9, 1957 Address Pinecon Minn

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Pinecon
 or
 Village of _____
 or
 City of _____

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

2. FULL NAME OF CHILD Roman Arthur Otto
 (Please PRINT names in capitals)

3. Sex <u>mal.</u>	If plural births _____	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legiti- mate <u>yes</u>	8. Date of birth <u>Sept 21</u> , 19 <u>37</u> (Month, day, year)
FATHER (PRINT) 9. Full name <u>Werner Otto</u>				MOTHER (PRINT) 16. Full maiden name <u>Margaret Kuhoff</u>		
10. Residence (usual place of abode) (If nonresident, give place and State) <u>Pinecon</u>				17. Residence (usual place of abode) (If nonresident, give place and State) <u>Pinecon</u>		
11. Color or race <u>W</u>	12. Age at last birthday <u>31</u> (years)		18. Color or race <u>W</u>		19. Age at last birthday <u>32</u> (years)	
13. Birthplace (city or place) (State or country) <u>Minn</u>				20. Birthplace (city or place) (State or country) <u>Minn</u>		
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. <u>Farmer</u>				21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
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. <u>own home</u>		
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>						
24. If stillborn, period of gestation _____		25. Cause of stillbirth _____		Before Labor _____ During Labor _____		
26. Was 1% silver nitrate used to prevent infant blindness? Yes <u>No</u>						

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 10:20 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.

(Signature) G. R. Ooley PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)
 Date Oct 9 Address Pinecon
 Given name added from a supplemental report _____, 19____
 Filed Nov 9, 1937 Address Pinecon Minn
 REGISTRAR

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Pinecon
 or
 Village of _____
 or
 City of _____

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

2. FULL NAME OF CHILD Gerald Duane Wallace
 (Please PRINT names in capitals)

3. Sex <u>mal.</u>	If plural births _____	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legiti- mate <u>yes</u>	8. Date of birth <u>Oct 3</u> , 19 <u>37</u> (Month, day, year)
FATHER (PRINT) 9. Full name <u>Lloyd F. Wallace</u>				MOTHER (PRINT) 16. Full maiden name <u>Ethel Spoor</u>		
10. Residence (usual place of abode) (If nonresident, give place and State) <u>Mille Lacs Co</u>				17. Residence (usual place of abode) (If nonresident, give place and State) <u>Indiana</u>		
11. Color or race <u>W</u>	12. Age at last birthday <u>33</u> (years)		18. Color or race <u>W</u>		19. Age at last birthday <u>31</u> (years)	
13. Birthplace (city or place) (State or country) <u>Cresco Iowa</u>				20. Birthplace (city or place) (State or country) <u>Indiana</u>		
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. <u>Farmer</u>				21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
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. <u>home</u>		
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>6</u> (b) Born alive but now dead <u>1</u> (c) Stillborn _____						
24. If stillborn, period of gestation _____		25. Cause of stillbirth _____		Before Labor _____ During Labor _____		
26. Was 1% silver nitrate used to prevent infant blindness? Yes <u>No</u>						

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 2:30 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.

(Signature) W. R. Bloomberg PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)
 Date Oct 9 Address Pinecon
 Given name added from a supplemental report _____, 19____
 Filed Nov 9, 1937 Address Pinecon Minn
 REGISTRAR

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Pinecon
 or
 Village of _____
 or
 City of _____

Reg. District No. 288 No. in Registration Book _____
 (Above numbers to be filled in only by local registrar or his deputy)

2. FULL NAME OF CHILD Laverne Jean Beliar
 (Please PRINT names in capitals)

3. Sex <u>Female</u>	If plural births _____	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legiti- mate <u>yes</u>	8. Date of birth <u>Oct 27</u> , 19 <u>37</u> (Month, day, year)
FATHER (PRINT) 9. Full name <u>Clair A. Beliar</u>				MOTHER (PRINT) 16. Full maiden name <u>Mildred A. Johnson</u>		
10. Residence (usual place of abode) (If nonresident, give place and State) <u>Pinecon</u>				17. Residence (usual place of abode) (If nonresident, give place and State) <u>Pinecon</u>		
11. Color or race <u>W</u>	12. Age at last birthday <u>29</u> (years)		18. Color or race <u>W</u>		19. Age at last birthday <u>26</u> (years)	
13. Birthplace (city or place) (State or country) <u>Minn</u>				20. Birthplace (city or place) (State or country) <u>Minn</u>		
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. <u>Labour</u>				21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
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. <u>own home</u>		
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>						
24. If stillborn, period of gestation _____		25. Cause of stillbirth _____		Before Labor _____ During Labor _____		
26. Was 1% silver nitrate used to prevent infant blindness? Yes <u>No</u>						

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 2:57 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.

(Signature) G. R. Ooley PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)
 Date Oct 15 Address Pinecon
 Given name added from a supplemental report _____, 19____
 Filed Nov 9, 1937 Address Pinecon Minn
 REGISTRAR

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Pinecon
 or
 Village of _____
 or
 City of _____

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

2. FULL NAME OF CHILD Quane Ann Bekins
 (Please PRINT names in capitals)

3. Sex <u>male</u>	If plural births _____	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legiti- mate <u>yes</u>	8. Date of birth <u>10-25</u> , 19 <u>37</u> (Month, day, year)
FATHER (PRINT) 9. Full name <u>Bert Bekins</u>				MOTHER (PRINT) 16. Full maiden name <u>Dora Soloka</u>		
10. Residence (usual place of abode) (If nonresident, give place and State) _____				17. Residence (usual place of abode) (If nonresident, give place and State) <u>Pinecon</u>		
11. Color or race <u>W</u>	12. Age at last birthday <u>33</u> (years)		18. Color or race <u>W</u>		19. Age at last birthday <u>29</u> (years)	
13. Birthplace (city or place) (State or country) <u>Mille Lacs Co</u>				20. Birthplace (city or place) (State or country) <u>Holland</u>		
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. <u>Farmer</u>				21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
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. <u>home</u>		
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>						
24. If stillborn, period of gestation <u>✓</u>		25. Cause of stillbirth <u>✓</u>		Before Labor _____ During Labor _____		
26. Was 1% silver nitrate used to prevent infant blindness? Yes <u>No</u>						

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 11:20 P.M., on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.

(Signature) F. S. Kling PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)
 Date 10-25-37 Address Pinecon
 Given name added from a supplemental report _____, 19____
 Filed Nov 9, 1937 Address Pinecon Minn
 REGISTRAR

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____

THE STATE OF MINNESOTA

Division of Vital Statistics

CERTIFICATE OF BIRTH

Reg. District No. 2881 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.

2. FULL NAME OF CHILD

(Please PRINT names in capitals)

3. Sex <u>Male</u>	If plural births _____	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate _____	8. Date of birth <u>Jan 15</u> , 19 <u>38</u>
(PRINT) FATHER				(PRINT) MOTHER		
9. Full name <u>Benjamin Hamam</u>				16. Full maiden name <u>Ada Hazel Argyle</u>		
10. Residence (usual place of abode) <u>Princeton</u>				17. Residence (usual place of abode) <u>Princeton</u>		
11. Color or race <u>W</u>				12. Age at last birthday <u>22</u> (years)		
13. Birthplace (city or place) <u>Minn</u>				14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. <u>Farmer</u>		
15. Industry or business in which work was done, as factory, office, bank, etc. <u>Farmer</u>				16. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>				24. If stillborn, period of gestation _____		
25. Cause of stillbirth _____				26. Was 1% silver nitrate used to prevent infant blindness? Yes <u>No</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:45 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.

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

Given name added from a supplemental report _____, 19____

(Signature) G. R. Bloomer
 Date 1-10-38 Address Princeton
 (Signature) Geo. B. Borchard
 Filed Feb 9, 1938 Address Princeton Minn

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____

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)
 (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.

2. FULL NAME OF CHILD

(Please PRINT names in capitals)

3. Sex <u>M</u>	If plural births _____	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate _____	8. Date of birth <u>Jan 18</u> , 19 <u>38</u>
(PRINT) FATHER				(PRINT) MOTHER		
9. Full name <u>Henry Edward Rust</u>				16. Full maiden name <u>Marie Hilda Carlson</u>		
10. Residence (usual place of abode) <u>Princeton</u>				17. Residence (usual place of abode) <u>Princeton</u>		
11. Color or race <u>W</u>				12. Age at last birthday <u>38</u> (years)		
13. Birthplace (city or place) <u>Minneapolis</u>				14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. <u>Farmer</u>		
15. Industry or business in which work was done, as factory, office, bank, etc. <u>Farmer</u>				16. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>2</u> (c) Stillborn <u>0</u>				24. If stillborn, period of gestation _____		
25. Cause of stillbirth _____				26. Was 1% silver nitrate used to prevent infant blindness? Yes <u>No</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7:05 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.

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

Given name added from a supplemental report _____, 19____

(Signature) W. R. Bloomer
 Date _____ Address Princeton
 (Signature) Geo. B. Borchard
 Filed Mar 8, 1938 Address Princeton Minn

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____

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)
 (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.

2. FULL NAME OF CHILD

(Please PRINT names in capitals)

3. Sex <u>Female</u>	If plural births _____	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate _____	8. Date of birth <u>Feb 12</u> , 19 <u>38</u>
(PRINT) FATHER				(PRINT) MOTHER		
9. Full name <u>Alvin Meyer</u>				16. Full maiden name <u>Vivian Ethel Reynolds</u>		
10. Residence (usual place of abode) <u>Princeton</u>				17. Residence (usual place of abode) <u>Princeton</u>		
11. Color or race <u>W</u>				12. Age at last birthday <u>29</u> (years)		
13. Birthplace (city or place) <u>Minn</u>				14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. <u>Salesman</u>		
15. Industry or business in which work was done, as factory, office, bank, etc. <u>Farmer</u>				16. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>				24. If stillborn, period of gestation _____		
25. Cause of stillbirth _____				26. Was 1% silver nitrate used to prevent infant blindness? Yes <u>No</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:55 P.M., 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 supplemental report _____, 19____

(Signature) G. R. Bloomer
 Date Feb 20 Address Princeton
 (Signature) Geo. B. Borchard
 Filed Mar 9, 1938 Address Princeton Minn

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____

THE STATE OF MINNESOTA

Division of Vital Statistics

CERTIFICATE OF BIRTH

Reg. District No. 2881 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.

2. FULL NAME OF CHILD

(Please PRINT names in capitals)

3. Sex <u>Male</u>	If plural births _____	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate _____	8. Date of birth <u>Mar 22</u> , 19 <u>38</u>
(PRINT) FATHER				(PRINT) MOTHER		
9. Full name <u>Garrett R. Veal</u>				16. Full maiden name <u>Rosella F. Stanley</u>		
10. Residence (usual place of abode) <u>Princeton</u>				17. Residence (usual place of abode) <u>Princeton</u>		
11. Color or race <u>W</u>				12. Age at last birthday <u>27</u> (years)		
13. Birthplace (city or place) <u>Minn</u>				14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. <u>Salesman</u>		
15. Industry or business in which work was done, as factory, office, bank, etc. <u>Farmer</u>				16. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>				24. If stillborn, period of gestation _____		
25. Cause of stillbirth _____				26. Was 1% silver nitrate used to prevent infant blindness? Yes <u>No</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:15 P.M., 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 supplemental report _____, 19____

(Signature) G. R. Bloomer
 Date Mar 30 Address Princeton
 (Signature) Geo. B. Borchard
 Filed May 10, 1938 Address Princeton Minn

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Pinecon
 or
 Village of _____
 or
 City of _____

Reg. District No. 2881 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)

2. FULL NAME OF CHILD Robert Ernest Prefault
 (Please PRINT names in capitals)

3. Sex Male If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate _____ 8. Date of birth May 30, 1938
 (Month, day, year)

9. Full name (PRINT) FATHER Ernest Adolph Prefault 16. Full maiden name (PRINT) MOTHER Bernice O. Balfanz

10. Residence (usual place of abode) (If nonresident, give place and State) Pinecon Minn 17. Residence (usual place of abode) (If nonresident, give place and State) Pinecon Minn

11. Color or race W 12. Age at last birthday 27 (years) 18. Color or race W 19. Age at last birthday 24 (years)

13. Birthplace (city or place) (State or country) Pinecon Minn 20. Birthplace (city or place) (State or country) Minn

14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Farmer 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as factory, office, bank, etc. Same 22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. own home

23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 0

24. If stillborn, period of gestation _____ 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 born alive at 8:20 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.

(Signature) G. R. Poley PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)

Date May 30 Address _____
 (Signature) Geo. Borchard REGISTRAR
 Filed May 30, 1938 Address Pinecon Minn

Given name added from a supplemental report _____, 19____

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Pinecon
 or
 Village of _____
 or
 City of _____

Reg. District No. 2881 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)

2. FULL NAME OF CHILD Larice Claire Villnon
 (Please PRINT names in capitals)

3. Sex Female If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate _____ 8. Date of birth April 14, 1938
 (Month, day, year)

9. Full name (PRINT) FATHER Arthur John Villnon 16. Full maiden name (PRINT) MOTHER Emma Lobitz

10. Residence (usual place of abode) (If nonresident, give place and State) Pinecon Minn 17. Residence (usual place of abode) (If nonresident, give place and State) Pinecon Minn

11. Color or race W 12. Age at last birthday 37 (years) 18. Color or race W 19. Age at last birthday 32 (years)

13. Birthplace (city or place) (State or country) Hector Minn 20. Birthplace (city or place) (State or country) Waconia Minn

14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Farmer 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as factory, office, bank, etc. Same 22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. own home

23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

24. If stillborn, period of gestation _____ 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 born alive at 2:30 P.M., on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.

(Signature) G. R. Poley PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)

Date _____ Address _____
 (Signature) Geo. Borchard REGISTRAR
 Filed May 10, 1938 Address Pinecon Minn

Given name added from a supplemental report _____, 19____

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Pinecon
 or
 Village of _____
 or
 City of _____

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)

2. FULL NAME OF CHILD Roger Allen Clemens
 (Please PRINT names in capitals)

3. Sex Male If plural births _____ 4. Twin, triplet, or other Twin 5. Number, in order of birth _____ 6. Premature Yes 7. Legitimate Yes 8. Date of birth May 7, 1938
 (Month, day, year)

9. Full name (PRINT) FATHER Ray C. Clemens 16. Full maiden name (PRINT) MOTHER Mildred J. Grasberg

10. Residence (usual place of abode) (If nonresident, give place and State) Common Minn 17. Residence (usual place of abode) (If nonresident, give place and State) Common Minn

11. Color or race W 12. Age at last birthday 32 (years) 18. Color or race W 19. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or country) Minn 20. Birthplace (city or place) (State or country) Minn

14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Farmer 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as factory, office, bank, etc. Same 22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. own home

23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

24. If stillborn, period of gestation _____ 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 born alive at 5:00 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.

(Signature) G. R. Poley PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)

Date May 15 Address _____
 (Signature) Geo. Borchard REGISTRAR
 Filed May 9, 1938 Address Pinecon Minn

Given name added from a supplemental report _____, 19____

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Pinecon
 or
 Village of _____
 or
 City of _____

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)

2. FULL NAME OF CHILD Alma Mae Clemens
 (Please PRINT names in capitals)

3. Sex Female If plural births _____ 4. Twin, triplet, or other Twin 5. Number, in order of birth _____ 6. Premature Yes 7. Legitimate Yes 8. Date of birth May 7, 1938
 (Month, day, year)

9. Full name (PRINT) FATHER Ray C. Clemens 16. Full maiden name (PRINT) MOTHER Mildred J. Grasberg

10. Residence (usual place of abode) (If nonresident, give place and State) Minn 17. Residence (usual place of abode) (If nonresident, give place and State) Minn

11. Color or race W 12. Age at last birthday 32 (years) 18. Color or race W 19. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or country) Minn 20. Birthplace (city or place) (State or country) Minn

14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Farmer 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as factory, office, bank, etc. Same 22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. own home

23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead 0 (c) Stillborn 0

24. If stillborn, period of gestation _____ 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 born alive at 11:50 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.

(Signature) G. R. Poley PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)

Date May 15 Address _____
 (Signature) Geo. Borchard REGISTRAR
 Filed May 7, 1938 Address Pinecon Minn

Given name added from a supplemental report _____, 19____

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____
 2. FULL NAME OF CHILD Seider
 (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)
 (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.)

3. Sex Female 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate _____ 8. Date of birth July 30, 1938
 (PRINT) FATHER 16. Full maiden name Rose Raty MOTHER 17. Residence (usual place of abode) Princeton
 9. Full name Otto Seider 18. Color or race W 19. Age at last birthday 21 (years)
 10. Residence (usual place of abode) Princeton 20. Birthplace (city or place) Minn
 (If nonresident, give place and State) 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 11. Color or race W 12. Age at last birthday 36 (years) 22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. own home
 13. Birthplace (city or place) Minn 23. 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 0 (c) Stillborn 0
 (State or country) 24. If stillborn, period of gestation _____ 25. Cause of stillbirth _____
 14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Farmer 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 Born alive at 11:20 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.
 (Signature) S. R. Bailey PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)
 Date July 30, 1938 Address _____
 (Signature) Geo. Bouchard REGISTRAR
 Filed Aug 9, 1938 Address Princeton Minn
 Given name added from a supplemental report _____, 19____

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____
 2. FULL NAME OF CHILD Sais Delina Bergmann
 (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)
 (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.)

3. Sex Female 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate _____ 8. Date of birth May 19, 1938
 (PRINT) FATHER 16. Full maiden name Liverna Schroeder MOTHER 17. Residence (usual place of abode) Minn
 9. Full name Roland Bergmann 18. Color or race W 19. Age at last birthday 22 (years)
 10. Residence (usual place of abode) Minn 20. Birthplace (city or place) Minn
 (If nonresident, give place and State) 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 11. Color or race W 12. Age at last birthday 27 (years) 22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. _____
 13. Birthplace (city or place) Minn 23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0
 (State or country) 24. If stillborn, period of gestation _____ 25. Cause of stillbirth _____
 14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Farmer 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 Born alive at 11:45 P.M., on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.
 (Signature) W. R. Blomberg PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)
 Date June 28 - 38 Address _____
 (Signature) Geo. Bouchard REGISTRAR
 Filed Aug 9, 1938 Address Princeton Minn
 Given name added from a supplemental report _____, 19____

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____
 2. FULL NAME OF CHILD Callen Carol Jones
 (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)
 (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.)

3. Sex Female 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate _____ 8. Date of birth 7-27, 1938
 (PRINT) FATHER 16. Full maiden name Helen O'Hestel MOTHER 17. Residence (usual place of abode) Princeton
 9. Full name Manon Jones 18. Color or race W 19. Age at last birthday 36 (years)
 10. Residence (usual place of abode) Princeton 20. Birthplace (city or place) Howard S. Dak
 (If nonresident, give place and State) 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 11. Color or race W 12. Age at last birthday 34 (years) 22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. home
 13. Birthplace (city or place) Oshkosh Wis. 23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0
 (State or country) 24. If stillborn, period of gestation _____ 25. Cause of stillbirth _____
 14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Veterinary 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 Born alive at 10:10 P.M., on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.
 (Signature) T. J. Kling M.D. PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)
 Date 7-28-38 Address Princeton Minn
 (Signature) Geo. Bouchard REGISTRAR
 Filed Sept 7, 1938 Address Princeton Minn
 Given name added from a supplemental report _____, 19____

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____
 2. FULL NAME OF CHILD Rogee Lee Gustafson
 (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)
 (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.)

3. Sex M 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate _____ 8. Date of birth Aug 8, 1938
 (PRINT) FATHER 16. Full maiden name Hazel M. Oliver MOTHER 17. Residence (usual place of abode) Princeton
 9. Full name Oscar R. Gustafson 18. Color or race W 19. Age at last birthday 33 (years)
 10. Residence (usual place of abode) Princeton 20. Birthplace (city or place) Minn
 (If nonresident, give place and State) 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 11. Color or race W 12. Age at last birthday 38 (years) 22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. _____
 13. Birthplace (city or place) Minn 23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0
 (State or country) 24. If stillborn, period of gestation _____ 25. Cause of stillbirth _____
 14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Farmer 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 Born alive at 3 P.M., on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.
 (Signature) W. R. Blomberg PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)
 Date Aug 28 - 38 Address _____
 (Signature) Geo. Bouchard REGISTRAR
 Filed Sept 7, 1938 Address Princeton Minn
 Given name added from a supplemental report _____, 19____

THE STATE OF MINNESOTA

Division of Vital Statistics

CERTIFICATE OF BIRTH

1. County of Mille Lacs
Township of Princeton
or
Village of _____
City of _____

2. FULL NAME OF CHILD Robert Oliver
(Please PRINT names in capitals)

3. Sex M
If plural births _____

4. Twin, triplet, or other _____

5. Number, in order of birth _____

6. Premature _____

7. Legitimate yes

8. Date of birth Aug 30, 1938
(Month, day, year)

9. Full name (PRINT) FATHER Robert G. Oliver

10. Residence (usual place of abode) (If nonresident, give place and State) Princeton

11. Color or race W

12. Age at last birthday 31 (years)

13. Birthplace (city or place) (State or country) Maine

14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as factory, office, bank, etc. ✓

16. Full maiden name (PRINT) MOTHER Idona B. Saretter

17. Residence (usual place of abode) (If nonresident, give place and State) Princeton

18. Color or race W

19. Age at last birthday 28 (years)

20. Birthplace (city or place) (State or country) Maine

21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

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 1 (b) Born alive but now dead _____ (c) Stillborn _____

24. If stillborn, period of gestation _____ months _____ weeks

25. Cause of stillbirth _____ Before Labor _____ 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 Born alive at 11:45 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.

(Signature) W. R. Blomberg
PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
(Cross out words which do not apply)

Date Sept 7, 1938 Address Princeton, Minn.

Given name added from a supplemental report _____, 19____

Filed Sept 7, 1938 Address Princeton, Minn.

THE STATE OF MINNESOTA

Division of Vital Statistics

CERTIFICATE OF BIRTH

1. County of Mille Lacs
Township of Princeton
or
Village of _____
City of _____

2. FULL NAME OF CHILD Jane Rachelle Gense
(Please PRINT names in capitals)

3. Sex F
If plural births _____

4. Twin, triplet, or other _____

5. Number, in order of birth _____

6. Premature _____

7. Legitimate yes

8. Date of birth Oct 16, 1938
(Month, day, year)

9. Full name (PRINT) FATHER Amos Gense

10. Residence (usual place of abode) (If nonresident, give place and State) Princeton

11. Color or race W

12. Age at last birthday 26 (years)

13. Birthplace (city or place) (State or country) Maine

14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as factory, office, bank, etc. _____

16. Full maiden name (PRINT) MOTHER Idona B. Saretter

17. Residence (usual place of abode) (If nonresident, give place and State) Princeton

18. Color or race W

19. Age at last birthday 19 (years)

20. Birthplace (city or place) (State or country) Maine

21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

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 1 (b) Born alive but now dead _____ (c) Stillborn 0

24. If stillborn, period of gestation _____ months _____ weeks

25. Cause of stillbirth _____ Before Labor _____ 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 Born alive at 10:45 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.

(Signature) W. R. Blomberg
PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
(Cross out words which do not apply)

Date Oct 9, 1938 Address Princeton, Minn.

Given name added from a supplemental report _____, 19____

Filed Oct 9, 1938 Address Princeton, Minn.

THE STATE OF MINNESOTA

Division of Vital Statistics

CERTIFICATE OF BIRTH

1. County of Mille Lacs
Township of Princeton
or
Village of _____
City of _____

2. FULL NAME OF CHILD Phyllis Jean Anita Kluck
(Please PRINT names in capitals)

3. Sex F
If plural births _____

4. Twin, triplet, or other _____

5. Number, in order of birth _____

6. Premature _____

7. Legitimate yes

8. Date of birth Sept 20, 1938
(Month, day, year)

9. Full name (PRINT) FATHER Clifford Kluck

10. Residence (usual place of abode) (If nonresident, give place and State) Princeton, Minn.

11. Color or race W

12. Age at last birthday 33 (years)

13. Birthplace (city or place) (State or country) Lebanon, Mo.

14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as factory, office, bank, etc. Farmer

16. Full maiden name (PRINT) MOTHER Geneva Ruth Satterlund

17. Residence (usual place of abode) (If nonresident, give place and State) Princeton, Minn.

18. Color or race W

19. Age at last birthday 25 (years)

20. Birthplace (city or place) (State or country) Lebanon, Mo.

21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. Home

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 _____ months _____ weeks

25. Cause of stillbirth _____ Before Labor _____ 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 Born alive at 9:30 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.

(Signature) W. R. Blomberg
PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
(Cross out words which do not apply)

Date Oct 3, 1938 Address Princeton, Minn.

Given name added from a supplemental report _____, 19____

Filed Nov 10, 1938 Address Princeton, Minn.

THE STATE OF MINNESOTA

Division of Vital Statistics

CERTIFICATE OF BIRTH

1. County of Mille Lacs
Township of Princeton
or
Village of _____
City of _____

2. FULL NAME OF CHILD Arnold Lloyd Cutler
(Please PRINT names in capitals)

3. Sex M
If plural births _____

4. Twin, triplet, or other _____

5. Number, in order of birth _____

6. Premature _____

7. Legitimate yes

8. Date of birth Oct 15, 1938
(Month, day, year)

9. Full name (PRINT) FATHER Erving E. Cutler

10. Residence (usual place of abode) (If nonresident, give place and State) Princeton

11. Color or race W

12. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or country) Footoria, Iowa

14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as factory, office, bank, etc. Farmer

16. Full maiden name (PRINT) MOTHER Clara A. Schlesner

17. Residence (usual place of abode) (If nonresident, give place and State) Princeton

18. Color or race W

19. Age at last birthday 30 (years)

20. Birthplace (city or place) (State or country) Princeton, Minn.

21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. Home

23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

24. If stillborn, period of gestation _____ months _____ weeks

25. Cause of stillbirth _____ Before Labor _____ 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 Born alive at 10:45 P.M., on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.

(Signature) W. R. Blomberg
PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
(Cross out words which do not apply)

Date Oct 21, 1938 Address Princeton, Minn.

Given name added from a supplemental report _____, 19____

Filed Nov 10, 1938 Address Princeton, Minn.

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 City of _____

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

2. FULL NAME OF CHILD ALVERO GORDON
 (Please PRINT names in capitals)

3. Sex <u>M</u>	If plural births _____	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>Oct-20</u> 19 <u>38</u> (Month, day, year)	
(PRINT) FATHER				(PRINT) MOTHER			
9. Full name <u>Bert Bekins</u>				16. Full maiden name <u>Dena Rodke</u>			
10. Residence (usual place of abode) <u>Princeton Minn</u> (If nonresident, give place and State)				17. Residence (usual place of abode) <u>Princeton Minn</u> (If nonresident, give place and State)			
11. Color or race <u>W</u>				12. Age at last birthday <u>34</u> (years)			
13. Birthplace (city or place) <u>Minnesota</u> (State or country)				14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. <u>Farmer</u>			
15. Industry or business in which work was done, as factory, office, bank, etc. <u>Farm</u>				16. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>			
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>				24. If stillborn, period of gestation _____ months _____ weeks			
25. Cause of stillbirth _____				26. Was 1% silver nitrate used to prevent infant blindness? Yes <u>No</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:10 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.

(Signature) Melvin L. Fredlund M.D.
 Date 10-20-38 Address Princeton Minn
 (Signature) Geo. Borchard
 Filed 11-10 1938 Address Princeton Minn

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

Given name added from a supplemental report _____, 19____

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 City of _____

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

2. FULL NAME OF CHILD DURY J. DROOGSMA
 (Please PRINT names in capitals)

3. Sex <u>M</u>	If plural births _____	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>Oct-6</u> 19 <u>38</u> (Month, day, year)	
(PRINT) FATHER				(PRINT) MOTHER			
9. Full name <u>Henry Droogsma</u>				16. Full maiden name <u>Annie Jorgensen</u>			
10. Residence (usual place of abode) <u>Princeton Minn</u> (If nonresident, give place and State)				17. Residence (usual place of abode) <u>Princeton Minn</u> (If nonresident, give place and State)			
11. Color or race <u>W</u>				12. Age at last birthday <u>41</u> (years)			
13. Birthplace (city or place) <u>Minn</u> (State or country)				14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. <u>Fruit Dealer</u>			
15. Industry or business in which work was done, as factory, office, bank, etc. _____				16. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>			
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>8</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>				24. If stillborn, period of gestation _____ months _____ weeks			
25. Cause of stillbirth _____				26. Was 1% silver nitrate used to prevent infant blindness? Yes <u>No</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(Signature) H. R. Caley M.D.
 Date Oct-10-38 Address Princeton Minn
 (Signature) Geo. Borchard
 Filed 11-10 1938 Address Princeton Minn

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

Given name added from a supplemental report _____, 19____

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 City of _____

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

2. FULL NAME OF CHILD Ann Marcelle Otto
 (Please PRINT names in capitals)

3. Sex <u>F</u>	If plural births _____	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>Oct-26</u> 19 <u>38</u> (Month, day, year)	
(PRINT) FATHER				(PRINT) MOTHER			
9. Full name <u>Werner John Otto</u>				16. Full maiden name <u>Margaret B. Ruhoff</u>			
10. Residence (usual place of abode) <u>Princeton Minn</u> (If nonresident, give place and State)				17. Residence (usual place of abode) <u>Princeton Minn</u> (If nonresident, give place and State)			
11. Color or race <u>W</u>				12. Age at last birthday <u>32</u> (years)			
13. Birthplace (city or place) <u>Delano Minn</u> (State or country)				14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. <u>Farmer</u>			
15. Industry or business in which work was done, as factory, office, bank, etc. <u>Farm</u>				16. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>			
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>5</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>				24. If stillborn, period of gestation _____ months _____ weeks			
25. Cause of stillbirth _____				26. Was 1% silver nitrate used to prevent infant blindness? Yes <u>No</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:55 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.

(Signature) W. R. Blomberg M.D.
 Date Nov-3-38 Address Princeton Minn
 (Signature) Geo. Borchard
 Filed 11-10 1938 Address Princeton Minn

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

Given name added from a supplemental report _____, 19____

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 City of _____

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

2. FULL NAME OF CHILD GLENIS JEAN STEVES
 (Please PRINT names in capitals)

3. Sex <u>F</u>	If plural births _____	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>Nov-3</u> 19 <u>38</u> (Month, day, year)	
(PRINT) FATHER				(PRINT) MOTHER			
9. Full name <u>Kenneth A. Steves</u>				16. Full maiden name <u>Harriet L. Jones</u>			
10. Residence (usual place of abode) <u>Princeton Minn</u> (If nonresident, give place and State)				17. Residence (usual place of abode) <u>Princeton Minn</u> (If nonresident, give place and State)			
11. Color or race <u>W</u>				12. Age at last birthday <u>25</u> (years)			
13. Birthplace (city or place) <u>Minn</u> (State or country)				14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. <u>Labor</u>			
15. Industry or business in which work was done, as factory, office, bank, etc. _____				16. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>			
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>				24. If stillborn, period of gestation _____ months _____ weeks			
25. Cause of stillbirth _____				26. Was 1% silver nitrate used to prevent infant blindness? Yes <u>No</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:25 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.

(Signature) H. R. Caley M.D.
 Date Nov-8-38 Address Princeton Minn
 (Signature) Geo. Borchard
 Filed 11-10 1938 Address Princeton Minn

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

Given name added from a supplemental report _____, 19____

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____

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)

2. FULL NAME OF CHILD Muller
 (Please PRINT names in capitals)

3. Sex <u>Female</u>	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate <u>yes</u>	8. Date of birth <u>Nov 12 1938</u>
9. Full name (PRINT) FATHER <u>Carl A Muller</u>			16. Full maiden name (PRINT) MOTHER <u>Ruth E Chapman</u>		
10. Residence (usual place of abode) (If nonresident, give place and State) <u>Princeton</u>			17. Residence (usual place of abode) (If nonresident, give place and State) <u>Princeton</u>		
11. Color or race <u>W</u>	12. Age at last birthday <u>30</u> (years)	18. Color or race <u>W</u>	19. Age at last birthday <u>24</u> (years)		
13. Birthplace (city or place) (State or country) <u>Minn</u>			20. Birthplace (city or place) (State or country) <u>Minn</u>		
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. <u>Farmer</u>			21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as factory, office, bank, etc. <u>Farmer</u>			22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. <u>own home</u>		
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>					
24. If stillborn, period of gestation _____ months _____ weeks 25. Cause of stillbirth _____ Before Labor _____ 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 Born alive at 10:00 P.M., on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.

(Signature) G R Caley PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)
 Date Nov 15 Address _____
 Given name added from a supplemental report _____, 19_____
 Filed Dec 9, 1938 Address _____ REGISTRAR

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____

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)

2. FULL NAME OF CHILD C. Clemons
 (Please PRINT names in capitals)

3. Sex <u>Female</u>	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate <u>yes</u>	8. Date of birth <u>Jan 27 1939</u>
9. Full name (PRINT) FATHER <u>Percy Clemons</u>			16. Full maiden name (PRINT) MOTHER <u>Viola K Schroeder</u>		
10. Residence (usual place of abode) (If nonresident, give place and State) <u>Princeton</u>			17. Residence (usual place of abode) (If nonresident, give place and State) <u>Princeton</u>		
11. Color or race <u>W</u>	12. Age at last birthday <u>36</u> (years)	18. Color or race <u>W</u>	19. Age at last birthday <u>24</u> (years)		
13. Birthplace (city or place) (State or country) <u>Minn</u>			20. Birthplace (city or place) (State or country) <u>Minn</u>		
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. <u>Farmer</u>			21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as factory, office, bank, etc. <u>Farmer</u>			22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. <u>own home</u>		
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead _____ (c) Stillborn _____					
24. If stillborn, period of gestation _____ months _____ weeks 25. Cause of stillbirth _____ Before Labor _____ 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 Born alive at 4:45 P.M., on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.

(Signature) G R Caley PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)
 Date _____ Address _____
 Given name added from a supplemental report _____, 19_____
 Filed Mar 9, 1939 Address _____ REGISTRAR

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____

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)

2. FULL NAME OF CHILD Barry Thomas Rabideau
 (Please PRINT names in capitals)

3. Sex <u>M</u>	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate <u>yes</u>	8. Date of birth <u>Jan 26 1939</u>
9. Full name (PRINT) FATHER <u>Neil J Rabideau</u>			16. Full maiden name (PRINT) MOTHER <u>Hazel Irene Munro</u>		
10. Residence (usual place of abode) (If nonresident, give place and State) <u>Princeton</u>			17. Residence (usual place of abode) (If nonresident, give place and State) <u>Princeton</u>		
11. Color or race <u>W</u>	12. Age at last birthday <u>29</u> (years)	18. Color or race <u>W</u>	19. Age at last birthday <u>21</u> (years)		
13. Birthplace (city or place) (State or country) <u>Minn</u>			20. Birthplace (city or place) (State or country) <u>Minn</u>		
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. <u>Laborer</u>			21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as factory, office, bank, etc. <u>Laborer</u>			22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. <u>own home</u>		
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>					
24. If stillborn, period of gestation _____ months _____ weeks 25. Cause of stillbirth _____ Before Labor _____ 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 Born alive at 5:20 P.M., on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.

(Signature) G R Caley PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)
 Date _____ Address _____
 Given name added from a supplemental report _____, 19_____
 Filed Mar 7, 1939 Address _____ REGISTRAR

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____

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)

2. FULL NAME OF CHILD Meyer
 (Please PRINT names in capitals)

3. Sex <u>M</u>	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate <u>yes</u>	8. Date of birth <u>Mar 21 1939</u>
9. Full name (PRINT) FATHER <u>Ruben Meyer</u>			16. Full maiden name (PRINT) MOTHER <u>Maple S Konser</u>		
10. Residence (usual place of abode) (If nonresident, give place and State) <u>Princeton</u>			17. Residence (usual place of abode) (If nonresident, give place and State) <u>Princeton</u>		
11. Color or race <u>W</u>	12. Age at last birthday <u>25</u> (years)	18. Color or race <u>W</u>	19. Age at last birthday <u>23</u> (years)		
13. Birthplace (city or place) (State or country) <u>Minn</u>			20. Birthplace (city or place) (State or country) <u>Minn</u>		
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. <u>Farmer</u>			21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as factory, office, bank, etc. <u>Farmer</u>			22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. <u>own home</u>		
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead _____ (c) Stillborn _____					
24. If stillborn, period of gestation _____ months _____ weeks 25. Cause of stillbirth _____ Before Labor _____ 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 Born alive at 1:10 P.M., on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.

(Signature) Mrs Aug F Meyer PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)
 Date Mar 21 Address Princeton
 Given name added from a supplemental report _____, 19_____
 Filed Mar 8, 1939 Address _____ REGISTRAR

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 2. FULL NAME OF CHILD JOAN ELIZABETH
 (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)
 3. Sex Female 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth May 7, 1939
 (Month, day, year)

(PRINT) FATHER (PRINT) MOTHER
 9. Full name Arnold R. Krause 16. Full maiden name Agnes J. Kopischke
 10. Residence (usual place of abode) Princeton Minn 17. Residence (usual place of abode) Princeton Minn
 (If nonresident, give place and State)
 11. Color or race white 12. Age at last birthday 54 (years) 18. Color or race white 19. Age at last birthday 44 (years)
 13. Birthplace (city or place) Germany 20. Birthplace (city or place) Germany
 (State or country)
 14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Farmer 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 15. Industry or business in which work was done, as factory, office, bank, etc. Farmer 22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. Own home
 23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead 0 (c) Stillborn 0
 24. If stillborn, period of gestation _____ 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 Born alive at 5:45 P.M., on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.

(Signature) Y. P. Calley
 PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)
 Date May 15 1939 Address Princeton Minn
 (Signature) Geo. O. Borchard
 REGISTRAR
 Filed June 18, 1939 Address Princeton Minn

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 2. FULL NAME OF CHILD MARLYS MAY CZIKALL
 (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)
 3. Sex Female 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature No 7. Legitimate? yes 8. Date of birth June 13, 1939
 (Month, day, year)

(PRINT) FATHER (PRINT) MOTHER
 9. Full name Edward C. Czikall 16. Full maiden name Hazel Ethel Diesen
 10. Residence (usual place of abode) Long Siding 17. Residence (usual place of abode) Long Siding
 (If nonresident, give place and State)
 11. Color or race white 12. Age at last birthday 49 (years) 18. Color or race white 19. Age at last birthday 31 (years)
 13. Birthplace (city or place) Wanted, Minn 20. Birthplace (city or place) Minneapolis, Minn
 (State or country)
 14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Farmer 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 15. Industry or business in which work was done, as factory, office, bank, etc. Farmer 22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. Home
 23. 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 0 (c) Stillborn 0
 24. If stillborn, period of gestation _____ 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 Born alive at 3:48 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.

(Signature) W. R. Blomberg, M.D.
 PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)
 Date June 23 1939 Address Princeton Minn
 (Signature) Geo. O. Borchard
 REGISTRAR
 Filed July 18, 1939 Address Princeton Minn

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 2. FULL NAME OF CHILD Hanson
 (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)
 3. Sex M 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth 7-27, 1939
 (Month, day, year)

(PRINT) FATHER (PRINT) MOTHER
 9. Full name Henry Oscar Hanson 16. Full maiden name Alice Mildred Hemming
 10. Residence (usual place of abode) Princeton Minn 17. Residence (usual place of abode) Princeton Minn
 (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) Minnesota 20. Birthplace (city or place) Minnesota
 (State or country)
 14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Farmer 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 15. Industry or business in which work was done, as factory, office, bank, etc. Farmer 22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. Home
 23. 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 0 (c) Stillborn 0
 24. If stillborn, period of gestation _____ 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 Born alive at 12:20 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.

(Signature) David Janssen, M.D.
 PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)
 Date _____ Address _____
 (Signature) Geo. O. Borchard
 REGISTRAR
 Filed Aug 4, 1939 Address Princeton Minn

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 2. FULL NAME OF CHILD Elizabeth Jane Krouse
 (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)
 3. Sex F 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Aug - 8, 1939
 (Month, day, year)

(PRINT) FATHER (PRINT) MOTHER
 9. Full name Harvey Ernest Krouse 16. Full maiden name Violet Jehovich
 10. Residence (usual place of abode) Mille Lacs Co Minn 17. Residence (usual place of abode) Mille Lacs Co Minn
 (If nonresident, give place and State)
 11. Color or race W 12. Age at last birthday 34 (years) 18. Color or race W 19. Age at last birthday 18 (years)
 13. Birthplace (city or place) Dorchester, Wis 20. Birthplace (city or place) Pennsylvania
 (State or country)
 14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Farming 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 15. Industry or business in which work was done, as factory, office, bank, etc. Farmer 22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. Home
 23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0
 24. If stillborn, period of gestation _____ 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 Born alive at 7:30 P.M., on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.

(Signature) W. R. Blomberg, M.D.
 PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)
 Date Aug. 20 1939 Address Princeton Minn
 (Signature) Geo. O. Borchard
 REGISTRAR
 Filed Sept. 5, 1939 Address Princeton Minn

PLACE OF BIRTH

1. County of Millelacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____

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

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

3. Sex <u>M</u>	If plural births _____	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>Aug. 28, 1939</u>
FATHER				MOTHER		
9. Full name <u>Ervin Kenneth Bockoven</u>				16. Full maiden name <u>Elverna Josephine Kienitz</u>		
10. Residence (usual place of abode) <u>Princeton Minn</u>				17. Residence (usual place of abode) <u>Princeton Minn</u>		
11. Color or race <u>W</u>				18. Color or race <u>W</u>		
12. Age at last birthday <u>34</u> (years)				19. Age at last birthday <u>21</u> (years)		
13. Birthplace (city or place) <u>Minn</u>				20. Birthplace (city or place) <u>Minn</u>		
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. <u>junk dealer</u>				21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>house wife</u>		
15. Industry or business in which work was done, as factory, office, bank, etc. <u>farm</u>				22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. <u>farm</u>		
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>						
24. If stillborn, period of gestation _____ months _____ weeks 25. Cause of stillbirth _____						
26. Was 1% silver nitrate used to prevent infant blindness? <u>Yes</u> <u>No</u> <u>yes</u>						

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9.50 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.

(Signature) Kenneth A. March M.D.
 Date _____ Address Cambridge Minn
 (Signature) Geo. Borchard REGISTRAR
 Filed Sept. 3, 1939 Address Princeton Minn

PLACE OF BIRTH

1. County of Millelacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____

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

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

3. Sex <u>Male</u>	If plural births _____	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature <u>No</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Sept. 29, 1939</u>
FATHER				MOTHER		
9. Full name <u>EDWARD ERNEST ROSEN</u>				16. Full maiden name <u>Viola L. Steeves</u>		
10. Residence (usual place of abode) <u>Princeton Minn</u>				17. Residence (usual place of abode) <u>Princeton Minn</u>		
11. Color or race <u>white</u>				18. Color or race <u>white</u>		
12. Age at last birthday <u>28</u> (years)				19. Age at last birthday <u>25</u> (years)		
13. Birthplace (city or place) <u>Elmhurst, Ill.</u>				20. Birthplace (city or place) <u>Shanti Minn.</u>		
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. <u>farmer</u>				21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>house wife</u>		
15. Industry or business in which work was done, as factory, office, bank, etc. <u>farm</u>				22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. <u>home</u>		
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>						
24. If stillborn, period of gestation _____ months _____ weeks 25. Cause of stillbirth _____						
26. Was 1% silver nitrate used to prevent infant blindness? <u>Yes</u> <u>No</u>						

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 15 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.

(Signature) W. P. Blomberg
 Date Oct. 3, 1939 Address Princeton Minn
 (Signature) Geo. Borchard REGISTRAR
 Filed Oct. 4, 1939 Address Princeton Minn

PLACE OF BIRTH

1. County of Millelacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____

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

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

3. Sex <u>Female</u>	If plural births _____	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>Sept. 30, 1939</u>
FATHER				MOTHER		
9. Full name <u>Denzil Oakes</u>				16. Full maiden name <u>Minerva Peterson</u>		
10. Residence (usual place of abode) <u>Princeton Minn</u>				17. Residence (usual place of abode) <u>Princeton Minn</u>		
11. Color or race <u>white</u>				18. Color or race <u>white</u>		
12. Age at last birthday <u>41</u> (years)				19. Age at last birthday <u>25</u> (years)		
13. Birthplace (city or place) <u>Princeton Minn</u>				20. Birthplace (city or place) <u>Isanti Minn</u>		
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. <u>Butcher</u>				21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House wife</u>		
15. Industry or business in which work was done, as factory, office, bank, etc. <u>Meat market</u>				22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. <u>Home</u>		
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>						
24. If stillborn, period of gestation _____ months _____ weeks 25. Cause of stillbirth _____						
26. Was 1% silver nitrate used to prevent infant blindness? <u>Yes</u> <u>No</u>						

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8.00 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.

(Signature) David James M.D.
 Date _____ Address Princeton Minn
 (Signature) Geo. Borchard REGISTRAR
 Filed Oct 4, 1939 Address Princeton Minn

PLACE OF BIRTH

1. County of Millelacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____

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

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

3. Sex <u>Male</u>	If plural births _____	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>Oct. 1, 1939</u>
FATHER				MOTHER		
9. Full name <u>Arthur Polsfuss</u>				16. Full maiden name <u>Laura Hamilton</u>		
10. Residence (usual place of abode) <u>Princeton Minn</u>				17. Residence (usual place of abode) <u>Princeton Minn</u>		
11. Color or race <u>white</u>				18. Color or race <u>white</u>		
12. Age at last birthday <u>35</u> (years)				19. Age at last birthday <u>30</u> (years)		
13. Birthplace (city or place) <u>Princeton Township Millelacs Minn</u>				20. Birthplace (city or place) <u>Shelburne Co Minn</u>		
14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. <u>farmer</u>				21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House wife</u>		
15. Industry or business in which work was done, as factory, office, bank, etc. <u>farm</u>				22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. <u>Home</u>		
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>5</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>						
24. If stillborn, period of gestation _____ months _____ weeks 25. Cause of stillbirth _____						
26. Was 1% silver nitrate used to prevent infant blindness? <u>Yes</u> <u>No</u>						

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7.30 P.M., on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.

(Signature) David James M.D.
 Date _____ Address Princeton Minn
 (Signature) Geo. Borchard REGISTRAR
 Filed Oct. 4, 1939 Address Princeton Minn

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____

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

2. FULL NAME OF CHILD ALVIN-KURT-POEGER
 (Please PRINT names in capitals)

3. Sex male If plural births _____ 4. Twin, triplet, or other no 6. Premature _____ 7. Legitimate? yes 8. Date of birth Oct-2-, 1939
 (Month, day, year)

(PRINT) FATHER 9. Full name Geo. POEGER (PRINT) MOTHER 16. Full maiden name CIARA-KLOETZER

10. Residence (usual place of abode) Mille Lacs 17. Residence (usual place of abode) Mille Lacs
 (If nonresident, give place and State)

11. Color or race white 12. Age at last birthday 29 (years) 18. Color or race wh 19. Age at last birthday 29 (years)

13. Birthplace (city or place) Iowa 20. Birthplace (city or place) Iowa
 (State or country)

14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Farming 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
 OCCUPATION 15. Industry or business in which work was done, as factory, office, bank, etc. Home 22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. Home
 OCCUPATION

23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

24. If stillborn, period of gestation _____ 25. Cause of stillbirth _____
 {months {or weeks Before Labor 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 Born alive at 9:30 P.M., on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.

(Signature) W. R. Blomberg, M.D. PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)

Date Oct. 3, 1939 Address Mille Lacs, Minn.

(Signature) George Borchard REGISTRAR
 Filed Nov. 4, 1939 Address Princeton, Minn.

Given name added from a supplemental report _____, 19____

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____

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

2. FULL NAME OF CHILD SHIRLEY-TOYE-KLUCK
 (Please PRINT names in capitals)

3. Sex female If plural births _____ 4. Twin, triplet, or other _____ 6. Premature no 7. Legitimate? yes 8. Date of birth Oct-15-, 1939
 (Month, day, year)

(PRINT) FATHER 9. Full name CLIFFORD-JOHN-KLUCK (PRINT) MOTHER 16. Full maiden name GENEVA-RUTH-SATHERLUND

10. Residence (usual place of abode) Princeton Minn. 17. Residence (usual place of abode) Princeton Minn.
 (If nonresident, give place and State)

11. Color or race white 12. Age at last birthday 34 (years) 18. Color or race white 19. Age at last birthday 25 (years)

13. Birthplace (city or place) Spanti Co. Minn. 20. Birthplace (city or place) Springvale Township Minn.
 (State or country)

14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Highway employ 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
 OCCUPATION 15. Industry or business in which work was done, as factory, office, bank, etc. Highway of Minn. 22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. Home
 OCCUPATION

23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead 0 (c) Stillborn 0

24. If stillborn, period of gestation _____ 25. Cause of stillbirth _____
 {months {or weeks Before Labor 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 Born alive at 4:00 P.M., on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.

(Signature) W. R. Blomberg, M.D. PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)

Date Oct. 19, 1939 Address Princeton Minn.

(Signature) George Borchard REGISTRAR
 Filed Nov. 4, 1939 Address Princeton Minn.

Given name added from a supplemental report _____, 19____

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____

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

2. FULL NAME OF CHILD GARNET-JEANNE-CONGER
 (Please PRINT names in capitals)

3. Sex female If plural births _____ 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Oct. 25, 1939
 (Month, day, year)

(PRINT) FATHER 9. Full name MAURICE-CONGER (PRINT) MOTHER 16. Full maiden name DORIS-Mae-POHL

10. Residence (usual place of abode) Stanchfield Minn. 17. Residence (usual place of abode) Stanchfield Minn.
 (If nonresident, give place and State)

11. Color or race White 12. Age at last birthday 27 (years) 18. Color or race W 19. Age at last birthday 19 (years)

13. Birthplace (city or place) Maple Ridge Township Minn. 20. Birthplace (city or place) Princeton Township Minn.
 (State or country)

14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Farmer 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
 OCCUPATION 15. Industry or business in which work was done, as factory, office, bank, etc. Farm 22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. Home
 OCCUPATION

23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

24. If stillborn, period of gestation _____ 25. Cause of stillbirth _____
 {months {or weeks Before Labor 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 Born alive at 7:30 P.M., on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.

(Signature) W. P. Blomberg, M.D. PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)

Date Oct. 26, 1939 Address Princeton Minn.

(Signature) George Borchard REGISTRAR
 Filed Nov. 4, 1939 Address Princeton Minn.

Given name added from a supplemental report _____, 19____

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____

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

2. FULL NAME OF CHILD Adelbert-Roger-Trabant
 (Please PRINT names in capitals)

3. Sex Male If plural births _____ 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Nov 11-, 1939
 (Month, day, year)

(PRINT) FATHER 9. Full name Frank-Joseph-Trabant (PRINT) MOTHER 16. Full maiden name Laverne-Rice

10. Residence (usual place of abode) Princeton Township 17. Residence (usual place of abode) Princeton Township
 (If nonresident, give place and State)

11. Color or race white 12. Age at last birthday 34 (years) 18. Color or race white 19. Age at last birthday _____ (years)

13. Birthplace (city or place) Bogus Brook Mille Lacs Co. Minn. 20. Birthplace (city or place) Moorehead Minn.
 (State or country)

14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Farmer 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
 OCCUPATION 15. Industry or business in which work was done, as factory, office, bank, etc. Farm 22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. Home
 OCCUPATION

23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

24. If stillborn, period of gestation _____ 25. Cause of stillbirth _____
 {months {or weeks Before Labor 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 Born alive at 10:00 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.

(Signature) David Hansen, M.D. PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)

Date _____ Address Princeton Minn.

(Signature) George Borchard REGISTRAR
 Filed Dec. 4, 1939 Address Princeton Minn.

Given name added from a supplemental report _____, 19____

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____
 (No. _____ St. _____ Ward _____)
 2. FULL NAME OF CHILD Marian Lillian Garby
 (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)

3. Sex M 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Dec 2, 1939
 (PRINT) FATHER 9. Full name Peter Garby 10. Residence (usual place of abode) Princeton
 (If nonresident, give place and State) 11. Color or race W 12. Age at last birthday 54 (years)
 13. Birthplace (city or place) Wise (State or country) 14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Farmer
 15. Industry or business in which work was done, as factory, office, bank, etc. WPA
 16. Full maiden name Ollie Flick 17. Residence (usual place of abode) Princeton
 (If nonresident, give place and State) 18. Color or race W 19. Age at last birthday 42 (years)
 20. Birthplace (city or place) Marion Minn (State or country) 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H W
 22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. Home
 23. 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 0 (c) Stillborn 0
 24. If stillborn, period of gestation _____ months _____ weeks 25. Cause of stillbirth _____ Before Labor _____ 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 Born alive at 7:15 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.

(Signature) D. Savener PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)
 Date Feb 4 Address Princeton
 (Signature) Geo. Borchardt REGISTRAR
 Filed Feb 4, 1940 Address Princeton
 *When there was no attending physician or midwife, then the father, householder, etc., must make this return.
 Given name added from a supplemental report _____, 19____

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____
 (No. _____ St. _____ Ward _____)
 2. FULL NAME OF CHILD Delores Leanne Hamann
 (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)

3. Sex M 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth April 15, 1939
 (PRINT) FATHER 9. Full name Bernhard G. Hamann 10. Residence (usual place of abode) Princeton
 (If nonresident, give place and State) 11. Color or race W 12. Age at last birthday 24 (years)
 13. Birthplace (city or place) Winn (State or country) 14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Farmer
 15. Industry or business in which work was done, as factory, office, bank, etc. Farmer
 16. Full maiden name Aida Hazel Ogyle 17. Residence (usual place of abode) Princeton Minn
 (If nonresident, give place and State) 18. Color or race W 19. Age at last birthday 27 (years)
 20. Birthplace (city or place) Winn (State or country) 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H. W
 22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. Home
 23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0
 24. If stillborn, period of gestation _____ months _____ weeks 25. Cause of stillbirth _____ Before Labor _____ 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 Born alive at 1:58 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.

(Signature) W. R. Blomberg PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)
 Date Feb 4 Address _____
 (Signature) Geo. Borchardt REGISTRAR
 Filed _____, 19____ Address _____
 *When there was no attending physician or midwife, then the father, householder, etc., must make this return.
 Given name added from a supplemental report _____, 19____

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____
 (No. _____ St. _____ Ward _____)
 2. FULL NAME OF CHILD Karen Aida Rumb
 (Please PRINT names in capitals)

THE STATE OF MINNESOTA

Division of Vital Statistics

CERTIFICATE OF BIRTH

Reg. District No. 2881 No. in Registration Book _____
 (Above numbers to be filled in only by local registrar or his deputy)

3. Sex F 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature no 7. Legitimate? yes 8. Date of birth Feb 2, 1940
 (PRINT) FATHER 9. Full name Arthur E. Rumb 10. Residence (usual place of abode) Princeton
 (If nonresident, give place and State) 11. Color or race W 12. Age at last birthday 31 (years)
 13. Birthplace (city or place) Winn (State or country) 14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Salesman
 15. Industry or business in which work was done, as factory, office, bank, etc. Princeton
 16. Full maiden name Bernice Augusta Kuitman 17. Residence (usual place of abode) Princeton
 (If nonresident, give place and State) 18. Color or race W 19. Age at last birthday 28 (years)
 20. Birthplace (city or place) Winn (State or country) 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. own home
 23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0
 24. If stillborn, period of gestation _____ months _____ weeks 25. Cause of stillbirth _____ Before Labor _____ 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 Born alive at 9:10 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.

(Signature) W. R. Blomberg PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)
 Date Feb 13 Address Princeton
 (Signature) Geo. Borchardt REGISTRAR
 Filed Mar 5, 1940 Address Princeton
 *When there was no attending physician or midwife, then the father, householder, etc., must make this return.
 Given name added from a supplemental report _____, 19____

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____
 (No. _____ St. _____ Ward _____)
 2. FULL NAME OF CHILD Carl David German
 (Please PRINT names in capitals)

THE STATE OF MINNESOTA

Division of Vital Statistics

CERTIFICATE OF BIRTH

Reg. District No. 2881 No. in Registration Book _____
 (Above numbers to be filled in only by local registrar or his deputy)

3. Sex M 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature no 7. Legitimate? yes 8. Date of birth Feb 23, 1940
 (PRINT) FATHER 9. Full name Theodore O. German 10. Residence (usual place of abode) Princeton
 (If nonresident, give place and State) 11. Color or race W 12. Age at last birthday 64 (years)
 13. Birthplace (city or place) Lawa (State or country) 14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Farmer
 15. Industry or business in which work was done, as factory, office, bank, etc. Farmer
 16. Full maiden name Esther Lydia Buckman 17. Residence (usual place of abode) Princeton
 (If nonresident, give place and State) 18. Color or race W 19. Age at last birthday 35 (years)
 20. Birthplace (city or place) Wise (State or country) 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. Home
 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 0 (c) Stillborn 0
 24. If stillborn, period of gestation _____ months _____ weeks 25. Cause of stillbirth _____ Before Labor _____ 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 Born alive at 12:30 P.M., on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.

(Signature) W. R. Blomberg PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)
 Date Feb 26 Address Princeton
 (Signature) Geo. Borchardt REGISTRAR
 Filed Mar 5, 1940 Address Princeton
 *When there was no attending physician or midwife, then the father, householder, etc., must make this return.
 Given name added from a supplemental report _____, 19____

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Pinecon
 or
 Village of _____
 or
 City of _____
 2. FULL NAME OF CHILD DAVID Amos Gens
 (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)

3. Sex Male 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Feb. 27, 1940
 (Month, day, year)

9. Full name (PRINT) FATHER Amos, Herbert, Gens 16. Full maiden name (PRINT) MOTHER Fern Lavenport
 10. Residence (usual place of abode) (If nonresident, give place and State) Pinecon Minn 17. Residence (usual place of abode) (If nonresident, give place and State) Pinecon Minn
 11. Color or race W 12. Age at last birthday 26 (years) 18. Color or race W 19. Age at last birthday 20 (years)
 13. Birthplace (city or place) (State or country) Pinecon Minn 20. Birthplace (city or place) (State or country) Milaca Minn
 14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Farming 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
 15. Industry or business in which work was done, as factory, office, bank, etc. Farm 22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. Home
 23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0
 24. If stillborn, period of gestation _____ {months or weeks} 25. Cause of stillbirth _____ {Before Labor or 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 Born alive at 9:44 P. M., on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.
 (Signature) W. P. Blomberg, M.D. PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)
 Date Mar. 1, 1940 Address Pinecon
 (Signature) J. O. Borshard REGISTRAR
 Filed March 1, 1940 Address Pinecon Minn
 Given name added from a supplemental report _____, 19____

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Pinecon
 or
 Village of _____
 or
 City of _____
 2. FULL NAME OF CHILD Kenneth H. Roy Buckingham
 (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)

3. Sex Male 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature No 7. Legitimate? yes 8. Date of birth March 3, 1940
 (Month, day, year)

9. Full name (PRINT) FATHER Merrill Buckingham 16. Full maiden name (PRINT) MOTHER Mildred Johnson
 10. Residence (usual place of abode) (If nonresident, give place and State) Pinecon Minn 17. Residence (usual place of abode) (If nonresident, give place and State) Pinecon Minn
 11. Color or race white 12. Age at last birthday 21 (years) 18. Color or race white 19. Age at last birthday 20 (years)
 13. Birthplace (city or place) (State or country) Montana 20. Birthplace (city or place) (State or country) Blue Hill Township
 14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Labor 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
 15. Industry or business in which work was done, as factory, office, bank, etc. Road construction 22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. Home
 23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0
 24. If stillborn, period of gestation _____ {months or weeks} 25. Cause of stillbirth _____ {Before Labor or 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 Born alive at 9:35 P. M., on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.
 (Signature) W. P. Blomberg, M.D. PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)
 Date Mar. 9, 1940 Address Pinecon Minn
 (Signature) J. O. Borshard REGISTRAR
 Filed April 7, 1940 Address Pinecon Minn
 Given name added from a supplemental report _____, 19____

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Pinecon
 or
 Village of _____
 or
 City of _____
 2. FULL NAME OF CHILD Chas. B. Bergeron
 (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)

3. Sex Male 4. Twin, triplet, or other _____ 5. Number, in order of birth 4 6. Premature yes 7. Legitimate? yes 8. Date of birth June 19, 1940
 (Month, day, year)

9. Full name (PRINT) FATHER Clair, W. Bergeron 16. Full maiden name (PRINT) MOTHER Georgie Wregh
 10. Residence (usual place of abode) (If nonresident, give place and State) Pinecon Minn 17. Residence (usual place of abode) (If nonresident, give place and State) Pinecon Minn
 11. Color or race White 12. Age at last birthday 30 (years) 18. Color or race White 19. Age at last birthday 27 (years)
 13. Birthplace (city or place) (State or country) Pinecon Minn 20. Birthplace (city or place) (State or country) Pinecon Minn
 14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Laborer 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
 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 4 (b) Born alive but now dead 0 (c) Stillborn 0
 24. If stillborn, period of gestation _____ {months or weeks} 25. Cause of stillbirth _____ {Before Labor or 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 Born alive at 11 P. M., on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.
 (Signature) H. C. Cooney, M.D. PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)
 Date June 19, 1940 Address Pinecon Minn
 (Signature) Georgie W. Wregh REGISTRAR
 Filed July 4, 1940 Address Pinecon Minn
 Given name added from a supplemental report 7/1, 1940

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Pinecon
 or
 Village of _____
 or
 City of _____
 2. FULL NAME OF CHILD ANDREY LEONE KELLER
 (Please PRINT names in capitals)

THE STATE OF MINNESOTA

Division of Vital Statistics
 CERTIFICATE OF BIRTH

Reg. District No. 2881 No. in Registration Book _____
 (Above numbers to be filled in only by local registrar or his deputy)

3. Sex Female 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature No 7. Legitimate? yes 8. Date of birth July 18, 1940
 (Month, day, year)

9. Full name (PRINT) FATHER Clairmont Keller 16. Full maiden name (PRINT) MOTHER Evelyn Sturdevant
 10. Residence (usual place of abode) (If nonresident, give place and State) Pinecon 17. Residence (usual place of abode) (If nonresident, give place and State) Pinecon
 11. Color or race W 12. Age at last birthday 23 (years) 18. Color or race W 19. Age at last birthday 20 (years)
 13. Birthplace (city or place) (State or country) Minn 20. Birthplace (city or place) (State or country) Minn
 14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Farmer 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H.W.
 15. Industry or business in which work was done, as factory, office, bank, etc. Farm 22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. Home
 23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____
 24. If stillborn, period of gestation _____ {months or weeks} 25. Cause of stillbirth _____ {Before Labor or 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 Born alive at 11:25 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.
 (Signature) David J. J. J. J. J. PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)
 Date _____ Address _____
 (Signature) J. O. Borshard REGISTRAR
 Filed Aug 3, 1940 Address Pinecon
 Given name added from a supplemental report _____, 19____

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____
 (No. _____ St. _____ Ward _____)
 2. FULL NAME OF CHILD Larry Lee Meyers
 (Please PRINT names in capitals)

THE STATE OF MINNESOTA

Division of Vital Statistics

CERTIFICATE OF BIRTH

Reg. District No. 2781 No. in Registration Book _____
 (Above numbers to be filled in only by local registrar or his deputy)

3. Sex Male If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term yes 7. Legitimate? yes 8. Date of birth July 15, 1940
 (Month, day, year)
 (PRINT) FATHER 9. Full name Henry C. Meyers 10. Residence (usual place of abode) Princeton
 (If nonresident, give place and State)
 11. Color or race W 12. Age at last birthday 32 (years)
 13. Birthplace (city or place) Minnesota (State or country)
 OCCUPATION 14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Farmer
 15. Industry or business in which work was done, as factory, office, bank, etc. Farm
 (PRINT) MOTHER 16. Full maiden name Martha Ellen Bates 17. Residence (usual place of abode) Princeton
 (If nonresident, give place and State)
 18. Color or race W 19. Age at last birthday 27 (years)
 20. Birthplace (city or place) Minnesota (State or country)
 OCCUPATION 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. Home
 23. 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 0 (c) Stillborn 0
 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
 CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of this child, who was Born alive at 12:50 P.M., on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.
 (Signature) W. P. Blomberg M.D. PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)
 Date July 27 Address _____
 (Signature) Geo. O. Richardson REGISTRAR
 Filed Aug 3, 1940 Address Princeton
 Given name added from a supplemental report _____, 19____

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____
 (No. _____ St. _____ Ward _____)
 2. FULL NAME OF CHILD Donna Betty Bekius
 (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)

3. Sex Female If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term yes 7. Legitimate? yes 8. Date of birth 8-26-, 1940
 (Month, day, year)
 (PRINT) FATHER 9. Full name Bert Bekius 10. Residence (usual place of abode) Princeton R-4
 (If nonresident, give place and State)
 11. Color or race W 12. Age at last birthday 36 (years)
 13. Birthplace (city or place) Milaca Pt. 2 (State or country)
 OCCUPATION 14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Farmer
 15. Industry or business in which work was done, as factory, office, bank, etc. Farm
 (PRINT) MOTHER 16. Full maiden name Dena Godette 17. Residence (usual place of abode) Princeton R-4
 (If nonresident, give place and State)
 18. Color or race W 19. Age at last birthday 31 (years)
 20. Birthplace (city or place) Netherlands (State or country)
 OCCUPATION 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
 22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. Home
 23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0
 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
 CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of this child, who was Born alive at 5:50 P.M., on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.
 (Signature) Melvin J. Fredlund M.D. PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)
 Date 8-26-40 Address Milaca Minn
 (Signature) Geo. O. Richardson REGISTRAR
 Filed Oct. 7, 1940 Address Princeton Minn
 Given name added from a supplemental report _____, 19____

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____
 (No. _____ St. _____ Ward _____)
 2. FULL NAME OF CHILD ARLENE MAY LEIDER
 (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)

3. Sex female If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term yes 7. Legitimate? yes 8. Date of birth Sept. 22, 1940
 (Month, day, year)
 (PRINT) FATHER 9. Full name Otto W. Leider 10. Residence (usual place of abode) Princeton Min
 (If nonresident, give place and State)
 11. Color or race W 12. Age at last birthday 37 (years)
 13. Birthplace (city or place) Shelburne Co Minn (State or country)
 OCCUPATION 14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Farmer
 15. Industry or business in which work was done, as factory, office, bank, etc. Farm
 (PRINT) MOTHER 16. Full maiden name Rose Rote 17. Residence (usual place of abode) Princeton Min
 (If nonresident, give place and State)
 18. Color or race W 19. Age at last birthday 23 (years)
 20. Birthplace (city or place) Shelburne Co Minn (State or country)
 OCCUPATION 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
 22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. Home
 23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn 0
 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
 CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of this child, who was Born alive at 10:00 P.M., on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.
 (Signature) W. P. Blomberg M.D. PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)
 Date Sept. 25. 40 Address Princeton Minn
 (Signature) Geo. O. Richardson REGISTRAR
 Filed Oct. 4, 1940 Address Princeton Minn
 Given name added from a supplemental report _____, 19____

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____
 (No. _____ St. _____ Ward _____)
 2. FULL NAME OF CHILD GARY LEE WALKER
 (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)

3. Sex Male If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term yes 7. Legitimate? yes 8. Date of birth Oct-1-, 1940
 (Month, day, year)
 (PRINT) FATHER 9. Full name Raymond Milton Walker 10. Residence (usual place of abode) Princeton Min
 (If nonresident, give place and State)
 11. Color or race W 12. Age at last birthday 44 (years)
 13. Birthplace (city or place) Melville Minn (State or country)
 OCCUPATION 14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Farmer
 15. Industry or business in which work was done, as factory, office, bank, etc. Farm
 (PRINT) MOTHER 16. Full maiden name Bessy Elizabeth Walker 17. Residence (usual place of abode) Princeton Min
 (If nonresident, give place and State)
 18. Color or race W 19. Age at last birthday 38 (years)
 20. Birthplace (city or place) Mille Lacs Co Minn (State or country)
 OCCUPATION 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
 22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. Home
 23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0
 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
 CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of this child, who was Born alive at _____ M., on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.
 (Signature) W. P. Blomberg M.D. PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)
 Date Oct 3. 40 Address Princeton Minn
 (Signature) Geo. O. Richardson REGISTRAR
 Filed Oct. 4, 1940 Address Princeton Minn
 Given name added from a supplemental report _____, 19____

THE STATE OF MINNESOTA

MINNESOTA STATE DEPARTMENT OF HEALTH
Division of Birth and Death Records and Vital Statistics
CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County of _____
Township of _____
or
Village of _____
or
City of _____Reg. District No. _____ No. in Registration Book _____
(Above numbers to be filled in only by local registrar or his deputy)
(No. _____ St. _____)
(If birth occurred 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.

3. Sex male	4. Twin, triplet, or other 5. Number in order of birth	6. Legitimate? yes	7. Date of birth Nov 15 , 19 40 (Month, day, year)
8. Full name (PRINT) FATHER		15. Full maiden name (PRINT) MOTHER	
9. Residence (usual place of abode) (If nonresident, give place and State)		16. Residence (usual place of abode) (If nonresident, give place and State)	
10. Color or race	11. Age at last birthday (years)	17. Color or race	18. Age at last birthday (years)
12. Birthplace (city or place) (State or country)		19. Birthplace (city or place) (State or country)	
13. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc.		20. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	
14. Industry or business in which work was done, as factory, office, bank, etc.		21. Industry or business in which work was done, as own home, lawyer's office, factory, etc.	
22. Number of children of this mother:			
23. Was 1% silver nitrate used to prevent infant blindness? Yes No			

Sealed on order of State Registrar given on _____

District Court only may order this seal removed.

7215-5-27-46-2M

SIGNATURE OF LOCAL REGISTRAR

THE STATE OF MINNESOTA

Division of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

1. County of **Miller**
Township of **Princeton**
or
Village of _____
or
City of _____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)2. FULL NAME OF CHILD **MARVIN ROY DEYRIES**
(Please PRINT names in capitals)

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

3. Sex male	4. Twin, triplet, or other 5. Number in order of birth	6. Premature no	7. Legitimate? yes	8. Date of birth Nov 15 , 19 40 (Month, day, year)
9. Full name (PRINT) FATHER		16. Full maiden name (PRINT) MOTHER		
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 33 (years)	18. Color or race white	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.		
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 4 (b) Born alive but now dead 1 (c) Stillborn				
24. If stillborn, period of gestation		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 **Born alive** at **7:30 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.

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

(Signature) **W. P. Blomberg, M.D.**Date **Nov 15, 40** Address **Princeton, Minn.**

Given name added from a supplemental report _____, 19____

(Signature) **George C. Borchard**Filed **Dec 4**, 19**40** Address **Princeton, Minn.**

PLACE OF BIRTH

1. County of **Miller**
Township of **Princeton**
or
Village of _____
or
City of _____Reg. District No. **2881** 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)2. FULL NAME OF CHILD **Robert Ronald Lee Harrison**
(Please PRINT names in capitals)

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

3. Sex male	4. Twin, triplet, or other 5. Number in order of birth	6. Premature yes	7. Legitimate? yes	8. Date of birth Oct 8 , 19 40 (Month, day, year)
9. Full name (PRINT) FATHER		16. Full maiden name (PRINT) MOTHER		
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 31 (years)	18. Color or race W	19. Age at last birthday 24 (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.		
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 2 (b) Born alive but now dead 0 (c) Stillborn 0				
24. If stillborn, period of gestation		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 **Born alive** at **6:05 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.

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

(Signature) **W. P. Blomberg**Date **Oct 20** Address **Princeton, Minn.**

Given name added from a supplemental report _____, 19____

(Signature) **Geo. Borchard**Filed **Nov 4**, 19**40** Address **Princeton, Minn.**

PLACE OF BIRTH

1. County of **Miller**
Township of **Princeton**
or
Village of _____
or
City of _____Reg. District No. **2881** 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)2. FULL NAME OF CHILD **Margaret Ellen Werlock**
(Please PRINT names in capitals)

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

3. Sex female	4. Twin, triplet, or other 5. Number in order of birth	6. Premature no	7. Legitimate? yes	8. Date of birth Dec 8 , 19 40 (Month, day, year)
9. Full name (PRINT) FATHER		16. Full maiden name (PRINT) MOTHER		
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 33 (years)	18. Color or race W	19. Age at last birthday 35 (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.		
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 5 (b) Born alive but now dead 0 (c) Stillborn 0				
24. If stillborn, period of gestation		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 **Born alive** at **1:05 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.

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

(Signature) **W. P. Blomberg, M.D.**Date **Dec 8-40** Address **Princeton, Minn.**

Given name added from a supplemental report _____, 19____

(Signature) **Geo. Borchard**Filed **Dec 28**, 19**40** Address **Princeton, Minn.**

PLACE OF BIRTH

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

Reg. District No. 2881 No. in Registration Book _____
 (Above numbers to be filled in only by local registrar or his deputy)

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

3. Sex male 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Jan-17-, 1941
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

9. Full name (PRINT) FATHER Oscar Reuben Gustafson 16. Full maiden name (PRINT) MOTHER Hazel Marie Oliver
 10. Residence (usual place of abode) (If nonresident, give place and State) Princeton, Minn 17. Residence (usual place of abode) (If nonresident, give place and State) Princeton Minn
 11. Color or race white 12. Age at last birthday 40 (years) 18. Color or race white 19. Age at last birthday 35 (years)
 13. Birthplace (city or place) (State or country) Sherburne, Country 20. Birthplace (city or place) (State or country) Stacyton, Minn
 14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Farmer 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
 15. Industry or business in which work was done, as factory, office, bank, etc. Farmer 22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. Home
 23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0
 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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:20 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.

(Signature) W. R. Blomberg M.D. PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)
 Date Jan-17-41 Address Princeton, Minn
 (Signature) Geo. O. Borchard REGISTRAR
 Filed Feb-7-41, 1941 Address Princeton, Minn
 Given name added from a supplemental report _____, 19____

PLACE OF BIRTH

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

Reg. District No. 2881 No. in Registration Book _____
 (Above numbers to be filled in only by local registrar or his deputy)

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

3. Sex _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth 2-15-, 1941
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

9. Full name (PRINT) FATHER Roland H. Bergman 16. Full maiden name (PRINT) MOTHER Laverne C. Schroeder
 10. Residence (usual place of abode) (If nonresident, give place and State) Princeton, Minn 17. Residence (usual place of abode) (If nonresident, give place and State) Princeton, Minn
 11. Color or race W 12. Age at last birthday 30 (years) 18. Color or race W 19. Age at last birthday _____ (years)
 13. Birthplace (city or place) (State or country) Minn 20. Birthplace (city or place) (State or country) Minn
 14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Farmer 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 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. own home
 23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0
 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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:30 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.

(Signature) Dr. J. D. Mattson PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)
 Date 2-15 Address My Lake
 (Signature) Geo. Borchard REGISTRAR
 Filed Mar 2, 1941 Address Princeton
 Given name added from a supplemental report _____, 19____

PLACE OF BIRTH

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

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

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

3. Sex male 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Mar 24, 1941
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

9. Full name (PRINT) FATHER Denzel Oakes 16. Full maiden name (PRINT) MOTHER 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) _____
 11. Color or race W 12. Age at last birthday 41 (years) 18. Color or race W 19. Age at last birthday 26 (years)
 13. Birthplace (city or place) (State or country) Minnesota 20. Birthplace (city or place) (State or country) Minnesota
 14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Butcher 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 15. Industry or business in which work was done, as factory, office, bank, etc. C. Olson 22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. own home
 23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead _____ (c) Stillborn 0
 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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:30 P.M., on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.

(Signature) David Garrison PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)
 Date _____ Address _____
 (Signature) Geo. Borchard REGISTRAR
 Filed May 5, 1941 Address _____
 Given name added from a supplemental report _____, 19____

PLACE OF BIRTH

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

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

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

3. Sex female 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth April 1, 1941
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

9. Full name (PRINT) FATHER Theodore Milfrandt 16. Full maiden name (PRINT) MOTHER Renata Hermann
 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 34 (years) 18. Color or race White 19. Age at last birthday 30 (years)
 13. Birthplace (city or place) (State or country) Minnesota 20. Birthplace (city or place) (State or country) Minnesota
 14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Farmer 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 15. Industry or business in which work was done, as factory, office, bank, etc. Farmer 22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. own home
 23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:45 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.

(Signature) David Garrison PHYSICIAN, MIDWIFE, PARENT OR INFORMANT (Cross out words which do not apply)
 Date _____ Address _____
 (Signature) Geo. Borchard REGISTRAR
 Filed May 5, 1941 Address _____
 Given name added from a supplemental report _____, 19____

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Pinecroft
 or
 Village of _____
 or
 City of _____

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)

2. FULL NAME OF CHILD Clifford Leroy Clemons
 (Please PRINT names in capitals)

3. Sex <u>Male</u>	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate <u>yes</u>	8. Date of birth <u>April 15</u> , 19 <u>41</u>
9. Full name (PRINT) <u>Rodney Clemons</u> 10. Residence (usual place of abode) (If nonresident, give place and State) _____ 11. Color or race <u>White</u> 12. Age at last birthday <u>19</u> (years) 13. Birthplace (city or place) (State or country) <u>Minnesota</u> 14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. <u>Farmer</u> 15. Industry or business in which work was done, as factory, office, bank, etc. <u>Farmer</u>			16. Full maiden name (PRINT) <u>Speoline Grasbug</u> 17. Residence (usual place of abode) (If nonresident, give place and State) _____ 18. Color or race <u>White</u> 19. Age at last birthday <u>19</u> (years) 20. Birthplace (city or place) (State or country) <u>Minnesota</u> 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u> 22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. <u>own home</u>		
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (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? <u>Yes</u> No _____					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:00 P. M., on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.

(Signature) David J. Jansen PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)
 Date _____ Address _____
 (Signature) Geo. Borchard REGISTRAR
 Filed May 5, 1941 Address _____
 Given name added from a supplemental report _____, 19____

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Pinecroft
 or
 Village of _____
 or
 City of _____

THE STATE OF MINNESOTA

Division of Vital Statistics
 CERTIFICATE OF BIRTH

Reg. District No. 2881 No. in Registration Book _____
 (Above numbers to be filled in only by local registrar or his deputy)

2. FULL NAME OF CHILD Dale Lloyd Villmar
 (Please PRINT names in capitals)

3. Sex <u>Male</u>	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate <u>yes</u>	8. Date of birth <u>May 25</u> , 19 <u>41</u>
9. Full name (PRINT) <u>Arthur John Villmar</u> 10. Residence (usual place of abode) (If nonresident, give place and State) <u>Pinecroft Minn</u> 11. Color or race <u>White</u> 12. Age at last birthday <u>40</u> (years) 13. Birthplace (city or place) (State or country) <u>Renoville Co Minn</u> 14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. <u>Farmer</u> 15. Industry or business in which work was done, as factory, office, bank, etc. <u>Farmer</u>			16. Full maiden name (PRINT) <u>Emma Sobity</u> 17. Residence (usual place of abode) (If nonresident, give place and State) <u>Pinecroft Minn</u> 18. Color or race <u>White</u> 19. Age at last birthday <u>35</u> (years) 20. Birthplace (city or place) (State or country) <u>Caver Co Minn</u> 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u> 22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. <u>own home</u>		
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>					
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? <u>Yes</u> No _____					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:00 P. M., on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.

(Signature) David J. Jansen PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)
 Date _____ Address _____
 (Signature) Geo. Borchard REGISTRAR
 Filed May 3, 1941 Address _____
 Given name added from a supplemental report _____, 19____

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Pinecroft
 or
 Village of _____
 or
 City of _____

THE STATE OF MINNESOTA

Division of Vital Statistics
 CERTIFICATE OF BIRTH

Reg. District No. 2881 No. in Registration Book _____
 (Above numbers to be filled in only by local registrar or his deputy)

2. FULL NAME OF CHILD Eugene David Berry
 (Please PRINT names in capitals)

3. Sex <u>Male</u>	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate <u>yes</u>	8. Date of birth <u>July 22</u> , 19 <u>41</u>
9. Full name (PRINT) <u>Kenneth A. Berry</u> 10. Residence (usual place of abode) (If nonresident, give place and State) <u>Mille Lacs Minn</u> 11. Color or race <u>W</u> 12. Age at last birthday <u>32</u> (years) 13. Birthplace (city or place) (State or country) <u>Mille Lacs Co Minn</u> 14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. <u>Farmer</u> 15. Industry or business in which work was done, as factory, office, bank, etc. <u>Farmer</u>			16. Full maiden name (PRINT) <u>Margaret L. FAVOR</u> 17. Residence (usual place of abode) (If nonresident, give place and State) <u>Minn</u> 18. Color or race <u>W</u> 19. Age at last birthday <u>30</u> (years) 20. Birthplace (city or place) (State or country) <u>Panti Co Minn</u> 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u> 22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. <u>own home</u>		
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>0</u> (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? <u>Yes</u> No _____					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:30 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.

(Signature) David J. Jansen M.D. PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)
 Date _____ Address _____
 (Signature) Geo. Borchard REGISTRAR
 Filed Aug 3, 1941 Address _____
 Given name added from a supplemental report _____, 19____

PLACE OF BIRTH

1. County of Mille Lacs
 Township of Pinecroft
 or
 Village of _____
 or
 City of _____

THE STATE OF MINNESOTA

Division of Vital Statistics
 CERTIFICATE OF BIRTH

Reg. District No. 2881 No. in Registration Book _____
 (Above numbers to be filled in only by local registrar or his deputy)

2. FULL NAME OF CHILD Oliver Christina Gierman
 (Please PRINT names in capitals)

3. Sex <u>Female</u>	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate <u>yes</u>	8. Date of birth <u>July 23</u> , 19 <u>41</u>
9. Full name (PRINT) <u>Theodore Gierman</u> 10. Residence (usual place of abode) (If nonresident, give place and State) <u>Minn</u> 11. Color or race <u>W</u> 12. Age at last birthday <u>64</u> (years) 13. Birthplace (city or place) (State or country) <u>Pocahontas Okla</u> 14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. <u>Farmer</u> 15. Industry or business in which work was done, as factory, office, bank, etc. <u>own farm</u>			16. Full maiden name (PRINT) <u>Easter Biederman</u> 17. Residence (usual place of abode) (If nonresident, give place and State) <u>Minn</u> 18. Color or race <u>W</u> 19. Age at last birthday <u>36</u> (years) 20. Birthplace (city or place) (State or country) <u>Barnett Miss</u> 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u> 22. Industry or business in which work was done, as own home, lawyer's office, factory, etc. <u>own home</u>		
23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>7</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>					
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? <u>Yes</u> No _____					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:00 P. M., on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.

(Signature) David J. Jansen M.D. PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)
 Date _____ Address _____
 (Signature) Geo. Borchard REGISTRAR
 Filed Aug 4, 1941 Address _____
 Given name added from a supplemental report _____, 19____

PLACE OF BIRTH

THE STATE OF MINNESOTA

Division of Vital Statistics

CERTIFICATE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____

Reg. District No. 2881 No. in Registration Book _____
 (Above numbers to be filled in only by local registrar or his deputy)

2. FULL NAME OF CHILD Gwendolyn-Arre Rice
 (Please PRINT names in capitals)

3. Sex F If plural births No 4. Twin, triplet, or other No 5. Number, in order of birth _____ 6. Premature No 7. Legitimate Yes 8. Date of birth Aug-11, 1941
 (Month, day, year)

(PRINT) FATHER (PRINT) MOTHER
 9. Full name Stephen Rice 16. Full maiden name Margaret Albright

10. Residence (usual place of abode) (If nonresident, give place and State)

11. Color or race White 12. Age at last birthday 27 (years) 18. Color or race White 19. Age at last birthday 19 (years)

13. Birthplace (city or place) (State or country) North Dakota 20. Birthplace (city or place) (State or country) Minnesota

14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Farming 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

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 1 (b) Born alive but now dead 0 (c) Stillborn 0

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:40 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.

(Signature) Dr. C. J. Henry PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)

Date Aug-11-41 Address Mille Lacs Minn.

Given name added from a supplemental report _____, 19____ (Signature) Les O. Richardson REGISTRAR

Filed Sept-4, 1941 Address Princeton Minn.

PLACE OF BIRTH

THE STATE OF MINNESOTA

Division of Vital Statistics

CERTIFICATE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____

Reg. District No. 2881 No. in Registration Book _____
 (Above numbers to be filled in only by local registrar or his deputy)

2. FULL NAME OF CHILD Darrell Eugene De Rose
 (Please PRINT names in capitals)

3. Sex M If plural births No 4. Twin, triplet, or other No 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate Yes 8. Date of birth Aug 30, 1941
 (Month, day, year)

(PRINT) FATHER (PRINT) MOTHER
 9. Full name Henry De Rose 16. Full maiden name Margaret Reinson

10. Residence (usual place of abode) (If nonresident, give place and State) Minnesota 17. Residence (usual place of abode) (If nonresident, give place and State)

11. Color or race W. 12. Age at last birthday 25 (years) 18. Color or race W 19. Age at last birthday 20 (years)

13. Birthplace (city or place) (State or country) Minnesota 20. Birthplace (city or place) (State or country) Minnesota

14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Lumber Store 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Home

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 1 (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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:40 P.M., on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.

(Signature) C. J. Henry M.D. PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)

Date Sept 3-41 Address Mille Lacs Minn.

Given name added from a supplemental report _____, 19____ (Signature) Les O. Richardson REGISTRAR

Filed Oct 2, 1941 Address Princeton

PLACE OF BIRTH

THE STATE OF MINNESOTA

Division of Vital Statistics

CERTIFICATE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____

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

2. FULL NAME OF CHILD Nardlyn Joyce Boyer
 (Please PRINT names in capitals)

3. Sex Female If plural births No 4. Twin, triplet, or other No 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate Yes 8. Date of birth Mar 5, 1942
 (Month, day, year)

(PRINT) FATHER (PRINT) MOTHER
 9. Full name Gowey Boyer 16. Full maiden name Vera Snow

10. 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 32 (years)

13. Birthplace (city or place) (State or country) Princeton 20. Birthplace (city or place) (State or country) N. Dak

14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Farmer 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

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 IV (b) Born alive but now dead 0 (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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:30 P.M., on the date above stated, and that the above facts as given are true to the best of my knowledge, information and belief.

(Signature) David G. G. G. PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)

Date 3-10-42 Address Princeton

Given name added from a supplemental report _____, 19____ (Signature) Les O. Richardson REGISTRAR

Filed Mar 4, 1942 Address _____

PLACE OF BIRTH

THE STATE OF MINNESOTA

Division of Vital Statistics

CERTIFICATE OF BIRTH

1. County of Mille Lacs
 Township of Princeton
 or
 Village of _____
 or
 City of _____

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

2. FULL NAME OF CHILD Brenda Kay Gustafson
 (Please PRINT names in capitals)

3. Sex Female If plural births No 4. Twin, triplet, or other No 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate Yes 8. Date of birth Mar 19, 1942
 (Month, day, year)

(PRINT) FATHER (PRINT) MOTHER
 9. Full name Oscar Gustafson 16. Full maiden name Kajal Marie Oliver

10. Residence (usual place of abode) (If nonresident, give place and State) Princeton 17. Residence (usual place of abode) (If nonresident, give place and State)

11. Color or race W 12. Age at last birthday 41 (years) 18. Color or race W 19. Age at last birthday 36 (years)

13. Birthplace (city or place) (State or country) Minnesota 20. Birthplace (city or place) (State or country) Minnesota

14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. Farmer 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

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 4 (b) Born alive but now dead 0 (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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:45 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.

(Signature) W. R. Bloomberg PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)

Date _____ Address _____

Given name added from a supplemental report _____, 19____ (Signature) Les O. Richardson REGISTRAR

Filed Mar 4, 1942 Address Princeton

PLACE OF BIRTH

1. County of Wille Sac
 Township of Princeton
 or
 Village of _____
 or
 City of _____

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)

2. FULL NAME OF CHILD Virginia Mae Westlok
 (Please PRINT names in capitals)

3. Sex <u>Female</u> (PRINT)	4. Twin, triplet, or other births _____	5. Number, in order of birth _____	6. Premature Full term _____	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>May 16</u> , 19 <u>42</u> (Month, day, year)
FATHER (PRINT) 9. Full name <u>Edwin Westlok</u> 10. Residence (usual place of abode) (If nonresident, give place and State) <u>Winn</u> 11. Color or race <u>White</u> 12. Age at last birthday <u>35</u> (years) 13. Birthplace (city or place) (State or country) <u>Minnesota</u> 14. Trade, profession, or particular kind of work done, as farmer, bookkeeper, etc. <u>Farmer</u> 15. Industry or business in which work was done, as factory, office, bank, etc. _____			MOTHER (PRINT) 16. Full maiden name <u>Evelyn Madeline Enemark</u> 17. Residence (usual place of abode) (If nonresident, give place and State) _____ 18. Color or race <u>White</u> 19. Age at last birthday <u>37</u> (years) 20. Birthplace (city or place) (State or country) <u>Madison Wisconsin</u> 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u> 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 <u>6</u> (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 <u>No</u>					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:20 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.

(Signature) R. Blomberg PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
 (Cross out words which do not apply)
 Date May 19 - 42 Address Princeton
 (Signature) Leo Buchheit REGISTRAR
 Filed May 5, 1942 Address Princeton

PLACE OF BIRTH

1. County of _____
 Township of _____
 or
 Village of _____
 or
 City of _____

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)

2. FULL NAME OF CHILD _____
 (Please PRINT names in capitals)

3. Sex	4. Twin, triplet, or other births _____	5. Number, in order of birth _____	6. Premature Full term _____	7. Legiti- mate? _____	8. Date of birth _____, 19____ (Month, day, year)
FATHER (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, bookkeeper, etc. _____ 15. Industry or business in which work was done, as factory, office, bank, etc. _____			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 _____ (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. 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 _____ No _____					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ M.,
 on 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)
 Date _____ Address _____
 (Signature) _____ REGISTRAR
 Filed _____, 19____ Address _____

PLACE OF BIRTH

1. County of _____
 Township of _____
 or
 Village of _____
 or
 City of _____

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)

2. FULL NAME OF CHILD _____
 (Please PRINT names in capitals)

3. Sex	4. Twin, triplet, or other births _____	5. Number, in order of birth _____	6. Premature Full term _____	7. Legiti- mate? _____	8. Date of birth _____, 19____ (Month, day, year)
FATHER (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, bookkeeper, etc. _____ 15. Industry or business in which work was done, as factory, office, bank, etc. _____			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 _____ (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. 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 _____ No _____					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ M.,
 on 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)
 Date _____ Address _____
 (Signature) _____ REGISTRAR
 Filed _____, 19____ Address _____

PLACE OF BIRTH

1. County of _____
 Township of _____
 or
 Village of _____
 or
 City of _____

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)

2. FULL NAME OF CHILD _____
 (Please PRINT names in capitals)

3. Sex	4. Twin, triplet, or other births _____	5. Number, in order of birth _____	6. Premature Full term _____	7. Legiti- mate? _____	8. Date of birth _____, 19____ (Month, day, year)
FATHER (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, bookkeeper, etc. _____ 15. Industry or business in which work was done, as factory, office, bank, etc. _____			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 _____ (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. 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 _____ No _____					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ M.,
 on 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)
 Date _____ Address _____
 (Signature) _____ REGISTRAR
 Filed _____, 19____ Address _____

PLACE OF BIRTH

1. County of _____
 Township of _____
 or
 Village of _____
 or
 City of _____

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)
 (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.

3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legitimate?	8. Date of birth
						(Month, day, year), 19____
(PRINT) FATHER				(PRINT) MOTHER		
9. Full name				16. Full maiden name		
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 race		19. Age at last birthday (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.		
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						
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						

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ M., on 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)
 Date _____ Address _____
 (Signature) _____ REGISTRAR
 Filed _____, 19____ Address _____
 Given name added from a supplemental report _____, 19____

PLACE OF BIRTH

1. County of _____
 Township of _____
 or
 Village of _____
 or
 City of _____

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)
 (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.

3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legitimate?	8. Date of birth
						(Month, day, year), 19____
(PRINT) FATHER				(PRINT) MOTHER		
9. Full name				16. Full maiden name		
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 race		19. Age at last birthday (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.		
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						
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						

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ M., on 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)
 Date _____ Address _____
 (Signature) _____ REGISTRAR
 Filed _____, 19____ Address _____
 Given name added from a supplemental report _____, 19____

PLACE OF BIRTH

1. County of _____
 Township of _____
 or
 Village of _____
 or
 City of _____

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)
 (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.

3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legitimate?	8. Date of birth
						(Month, day, year), 19____
(PRINT) FATHER				(PRINT) MOTHER		
9. Full name				16. Full maiden name		
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 race		19. Age at last birthday (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.		
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						
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						

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ M., on 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)
 Date _____ Address _____
 (Signature) _____ REGISTRAR
 Filed _____, 19____ Address _____
 Given name added from a supplemental report _____, 19____

PLACE OF BIRTH

1. County of _____
 Township of _____
 or
 Village of _____
 or
 City of _____

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)
 (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.

3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legitimate?	8. Date of birth
						(Month, day, year), 19____
(PRINT) FATHER				(PRINT) MOTHER		
9. Full name				16. Full maiden name		
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 race		19. Age at last birthday (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.		
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						
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						

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ M., on 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)
 Date _____ Address _____
 (Signature) _____ REGISTRAR
 Filed _____, 19____ Address _____
 Given name added from a supplemental report _____, 19____



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 www.mnhs.org/library/.

PLACE OF BIRTH

1. County of _____
 Township of _____
 or
 Village of _____
 or
 City of _____

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)

(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.

3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legitimate?	8. Date of birth	19__
(PRINT)				Full term		(Month, day, year)	
9. Full name				16. Full maiden name			
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		18. Color or race		19. Age at last birthday	
(years)				(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.			
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							
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							

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ M.,
 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 INFORMANT
 (Cross out words which do not apply)

Date _____ Address _____

(Signature) _____
 REGISTRAR

Given name added from a supplemental report _____, 19__

Filed _____, 19__ Address _____

PLACE OF BIRTH

1. County of _____
 Township of _____
 or
 Village of _____
 or
 City of _____

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)

(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.

3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legitimate?	8. Date of birth	19__
(PRINT)				Full term		(Month, day, year)	
9. Full name				16. Full maiden name			
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		18. Color or race		19. Age at last birthday	
(years)				(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.			
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							
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							

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ M.,
 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 INFORMANT
 (Cross out words which do not apply)

Date _____ Address _____

(Signature) _____
 REGISTRAR

Given name added from a supplemental report _____, 19__

Filed _____, 19__ Address _____

DEATHS

DEATHS

1. PLACE OF DEATH
County Mille Lacs
Township Princeton
Village _____
City _____

STATE OF MINNESOTA

Division of Vital Statistics

CERTIFICATE OF DEATH

Reg. District No. 2887 No. in Registration Book _____
(Above numbers to be filled in only by local registrar or his deputy.)

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

2. FULL NAME Jonas Olof Runsten
(Please PRINT names in capitals)

(2a) Residence, No. Princeton 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. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (month, day, and year) 1866

7. AGE Years 70 Months 0 Days 20 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. Farmer

9. Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) _____ 11 Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Sweden (State or country)

13. NAME (Print) Olof Runsten

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

15. MAIDEN NAME (Print) Unknown

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

17. INFORMANT (Address) Mrs. L. O. Runsten

18. Buried at Princeton Date Feb 13 1937 (Cremation—No Yes)

19. UNDERTAKER (Address) M. C. Caplan

20. Filed Feb 10 1937 Leo Bruchat Registrar.

21. DATE OF DEATH (month, day, and year) 1-11-1937

22. I HEREBY CERTIFY That I attended deceased from Jan 7 1937 to Jan 11 1937. I last saw him alive on Jan 7 1937; death is said to have occurred on the date stated above, at 1:00 A. M.

The PRIMARY UNDERLYING CAUSE of death was Senility, arteriosclerosis Duration _____

Contributory causes of importance in order of onset:
(1) Cerebral hemorrhage Duration 6 days
(2) _____
(3) _____

Did an operation precede death? no

If so, state condition for which it was undertaken _____

Date of operation _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

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

If so, specify H. C. Cooney M. D.
(Signed) Princeton (Address)

1. PLACE OF DEATH
County Mille Lacs
Township Princeton
Village _____
City _____

STATE OF MINNESOTA

Division of Vital Statistics

CERTIFICATE OF DEATH

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

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

2. FULL NAME Battie Van Warner
(Please PRINT names in capitals)

(2a) Residence, No. Princeton 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. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (month, day, and year) 1876

7. AGE Years 77 Months 11 Days 23 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. Housewife

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) 1936 11 Total time (years) spent in this occupation 57 yrs

12. BIRTHPLACE (city or town) St Paul (State or country)

13. NAME (Print) Samuel Hunt

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

15. MAIDEN NAME (Print) Unknown

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

17. INFORMANT (Address) Mrs. Leo Joffe

18. Buried at Princeton Date Feb 9 1937 (Cremation—No Yes)

19. UNDERTAKER (Address) J. H. Sigurd

20. Filed 2-10-1937 Leo Bruchat Registrar.

21. DATE OF DEATH (month, day, and year) 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 4 1937 to Jan 6 1937. I last saw her alive on Jan 4 1937; death is said to have occurred on the date stated above, at 11:00 P. M.

The PRIMARY UNDERLYING CAUSE of death was Cardiac failure Duration _____

Contributory causes of importance in order of onset:
(1) _____ Duration 24 hrs
(2) _____
(3) _____

Did an operation precede death? _____

If so, state condition for which it was undertaken _____

Date of operation _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify W. R. Blomberg M. D.
(Signed) Princeton (Address)

1. PLACE OF DEATH

County Mille Lacs
 Township Pinecon
 Village _____
 City _____

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

2. FULL NAME James Edwin Sanford
 (Please PRINT names in capitals)

(2a) Residence, No. _____ 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. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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 _____ 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) _____ 11 Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Pinecon (State or country) Swiss

13. NAME (Print) Clement Edwin Sanford

14. BIRTHPLACE (city or town) Mille Lacs (State or country) _____

15. MAIDEN NAME (Print) Mapel Sealand

16. BIRTHPLACE (city or town) Mille Lacs Co (State or country) _____

17. INFORMANT (Address) Clement Edwin Sanford

18. Buried at _____ or Removed to Pinecon Date 7-24-1937 (Cremation—No Yes)

19. UNDERTAKER (Address) J. H. Sivene

20. Filed _____, 19____ Registrar.

STATE OF MINNESOTA

Division of Vital Statistics
CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 24 1937

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____ 19____ I last saw him alive on _____

19____; death is said to have occurred on the date stated above, at _____ m.

The PRIMARY UNDERLYING CAUSE of death was Pathological changes Duration 36 hrs

Contributory causes of importance in order of onset: _____

(1) _____ (2) _____ (3) _____

Did an operation precede death? no

If so, state condition for which it was undertaken _____

Date of operation _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

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

If so, specify _____ (Signed) W. R. Bloomberg M. D.

(Address) Pinecon

Received _____

1. PLACE OF DEATH

County Mille Lacs
 Township Pinecon
 Village _____
 City _____

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

2. FULL NAME Curran C Harrington
 (Please PRINT names in capitals)

(2a) Residence, No. _____ 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. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (month, day, and year) Oct 22 1856

7. AGE Years 81 Months 1 Days 26 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. Farmer

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) Dec 1936 11 Total time (years) spent in this occupation 62

12. BIRTHPLACE (city or town) Adams Mass. (State or country) _____

13. NAME (Print) Jerome Harrington

14. BIRTHPLACE (city or town) New York (State or country) _____

15. MAIDEN NAME (Print) Adeline Curtis

16. BIRTHPLACE (city or town) New York St (State or country) _____

17. INFORMANT (Address) Harry Harrington

18. Buried at Pinecon or Removed to Pinecon Date 12-31-1937 (Cremation—No Yes)

19. UNDERTAKER (Address) J. H. Sivene

20. Filed Jan 8 1938 Registrar.

STATE OF MINNESOTA

Division of Vital Statistics
CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 18 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1937 to March 1937 I last saw him alive on _____

19____; death is said to have occurred on the date stated above, at 2:00 P m.

The PRIMARY UNDERLYING CAUSE of death was arteriosclerosis Duration 1 year

Contributory causes of importance in order of onset: Chronic pleurisy

(1) _____ (2) _____ (3) _____

Did an operation precede death? _____

If so, state condition for which it was undertaken _____

Date of operation _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

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

If so, specify _____ (Signed) W. R. Bloomberg M. D.

(Address) Pinecon

Received _____

1. PLACE OF DEATH

County Mille Lacs
 Township Pinecon
 Village _____
 City _____

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

2. FULL NAME Mich John Matt
 (Please PRINT names in capitals)

(2a) Residence, No. _____ 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. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (month, day, and year) Sept 23 1937

7. 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 at this occupation (month and year) _____ 11 Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Pinecon Minn (State or country) _____

13. NAME (Print) Clyde Matt

14. BIRTHPLACE (city or town) Minn (State or country) _____

15. MAIDEN NAME (Print) Barnet Halpau

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

17. INFORMANT (Address) Mrs Clyde Matt

18. Buried at Pinecon or Removed to Pinecon Date 9-25-37 (Cremation—No Yes)

19. UNDERTAKER (Address) M C Calhoun

20. Filed 10-8-37, 19____ Registrar.

STATE OF MINNESOTA

Division of Vital Statistics
CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 23 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 23 1937 to Sept 23 1937 I last saw him alive on _____

19____; death is said to have occurred on the date stated above, at 10 P m.

The PRIMARY UNDERLYING CAUSE of death was Prevalent fever Duration 1 1/2 m

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 none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

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

If so, specify _____ (Signed) J. H. Sivene M. D.

(Address) Pinecon

Received _____

1. PLACE OF DEATH

County Mille Lacs
 Township Pinecon
 Village _____
 City _____

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

2. FULL NAME Manda B. Thoma
 (Please PRINT names in capitals)

(2a) Residence, No. _____ 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. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (month, day, and year) Aug 29 1876

7. AGE Years 61 Months 6 Days 7 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. Housewife

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) Jan 1938 11 Total time (years) spent in this occupation 42

12. BIRTHPLACE (city or town) Maple Grove Minn (State or country) _____

13. NAME (Print) Carl Harder

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

15. MAIDEN NAME (Print) Henietta Lick

16. BIRTHPLACE (city or town) Germany (State or country) _____

17. INFORMANT (Address) Henry Thoma

18. Buried at Pinecon or Removed to Pinecon Date 3-7-38 (Cremation—No Yes)

19. UNDERTAKER (Address) J. H. Sivene

20. Filed _____, 19____ Registrar.

STATE OF MINNESOTA

Division of Vital Statistics
CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-4 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 5-1938 to Mar 4 1938 I last saw him alive on _____

19____; death is said to have occurred on the date stated above, at 3:00 P m.

The PRIMARY UNDERLYING CAUSE of death was Cerebral hemorrhage Duration 5 minutes

Contributory causes of importance in order of onset: Stomach disease

(1) _____ (2) _____ (3) _____

Did an operation precede death? no

If so, state condition for which it was undertaken _____

Date of operation _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

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

If so, specify _____ (Signed) J. H. Sivene M. D.

(Address) Pinecon

Received _____

1. PLACE OF DEATH
County Mille Lacs
Township Pinecon
Village _____
City _____

STATE OF MINNESOTA
Division of Vital Statistics
CERTIFICATE OF DEATH

Reg. District No. _____ No. in Registration Book _____
(Above numbers to be filled in only by local registrar or his deputy.)
City _____ No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Robert M. C. Munn
(Please PRINT names in capitals)

(2a) Residence, No. Pinecon RY St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

3. SEX Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (month, day, and year) Feb 11 1892

7. AGE Years 46 Months 2 Days 24 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. Farmer

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) Nov 37 11 Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) Pinecon Minn (State or country)

13. NAME (Print) John McMillin

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

15. MAIDEN NAME (Print) Anna Boyer

16. BIRTHPLACE (city or town) Mille Lacs Co (State or country)

17. INFORMANT (Address) John McMillin

18. Buried at Oak Knoll or Removed to _____ Date 4-7 1938 (Cremation—No Yes)

19. UNDERTAKER (Address) J. L. Sirey

20. Filed 4-9 1938 Geo Borchard Registrar.

21. DATE OF DEATH (month, day, and year) 4-3 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to April 1 1938 I last saw him alive on _____; death is said to have occurred on the date stated above, at _____ m.

The PRIMARY UNDERLYING CAUSE of death was Chronic Granulosis Nephritis Duration 7 yrs

Contributory causes of importance in order of onset: (1) _____ (2) _____ (3) _____

Did an operation precede death? No If so, state condition for which it was undertaken _____

Date of operation _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) W. R. Bloomberg M. D. (Address) Pinecon

Sub-Registrar.

19

Received

1. PLACE OF DEATH
County Mille Lacs
Township Pinecon
Village _____
City _____

STATE OF MINNESOTA
Division of Vital Statistics
CERTIFICATE OF DEATH

Reg. District No. _____ No. in Registration Book _____
(Above numbers to be filled in only by local registrar or his deputy.)
City _____ No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME August Schlessner
(Please PRINT names in capitals)

(2a) Residence, No. _____ 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. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

3. SEX Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (month, day, and year) May 6 1938

7. AGE Years 76 Months 2 Days 15 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. Farmer

9. Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11 Total time (years) spent in this occupation _____

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

13. NAME (Print) John Schlessner

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

15. MAIDEN NAME (Print) _____

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

17. INFORMANT (Address) Mrs A Schlessner

18. Buried at Pinecon or Removed to _____ Date 5-11 1938 (Cremation—No Yes)

19. UNDERTAKER (Address) M. C. Carlson

20. Filed June 9 1938 Geo Borchard Registrar.

21. DATE OF DEATH (month, day, and year) May 8 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to May 6 1938 I last saw him alive on _____; death is said to have occurred on the date stated above, at 4:45 P. m.

The PRIMARY UNDERLYING CAUSE of death was Carcinoma of the sigmoid Duration 3-4 months

Contributory causes of importance in order of onset: (1) Diabetes (2) _____ (3) _____

Did an operation precede death? No If so, state condition for which it was undertaken _____

Date of operation _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) W. R. Bloomberg M. D. (Address) Pinecon

Sub-Registrar.

19

Received

1. PLACE OF DEATH
County Mille Lacs
Township Pinecon
Village _____
City _____

STATE OF MINNESOTA
Division of Vital Statistics
CERTIFICATE OF DEATH

Reg. District No. _____ No. in Registration Book _____
(Above numbers to be filled in only by local registrar or his deputy.)
City _____ No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Mary M. Stranch
(Please PRINT names in capitals)

(2a) Residence, No. 2 Pinecon 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. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

3. SEX Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Otto A. Stranch (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) June 5 1877

7. AGE Years 60 Months 11 Days 8 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. Housewife

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) May 1938 11 Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) Kanniboy (State or country)

13. NAME (Print) Frank Palster

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

15. MAIDEN NAME (Print) Hermetha J

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

17. INFORMANT (Address) Geo O. Stranch

18. Buried at St. John Church or Removed to Pinecon Date 5-18 1938 (Cremation—No Yes)

19. UNDERTAKER (Address) J. L. Sirey

20. Filed _____ 19____ Geo Borchard Registrar.

21. DATE OF DEATH (month, day, and year) 5-13 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to 5-13 1938 I last saw her alive on _____; death is said to have occurred on the date stated above, at 9:30 A. m.

The PRIMARY UNDERLYING CAUSE of death was Cervical Cancer Duration 5 yrs

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

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) W. R. Bloomberg M. D. (Address) Pinecon

Sub-Registrar.

19

Received

1. PLACE OF DEATH
County Mille Lacs
Township Pinecon
Village _____
City _____

STATE OF MINNESOTA
Division of Vital Statistics
CERTIFICATE OF DEATH

Reg. District No. _____ No. in Registration Book _____
(Above numbers to be filled in only by local registrar or his deputy.)
City _____ No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Ludwig Boyer
(Please PRINT names in capitals)

(2a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

3. SEX Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (month, day, and year) May 16 1903

7. AGE Years 49 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. Housewife

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) May 1938 11 Total time (years) spent in this occupation 29

12. BIRTHPLACE (city or town) Wilton Creek (State or country)

13. NAME (Print) G. Schramm

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

15. MAIDEN NAME (Print) Augusta Jack

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

17. INFORMANT (Address) Floyd Boyer

18. Buried at Pinecon or Removed to _____ Date 5-18 1938 (Cremation—No Yes)

19. UNDERTAKER (Address) J. L. Sirey

20. Filed June 9 1938 Geo Borchard Registrar.

21. DATE OF DEATH (month, day, and year) May 16 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to May 16 1938 I last saw her alive on _____; death is said to have occurred on the date stated above, at 4:30 A. m.

The PRIMARY UNDERLYING CAUSE of death was Cervical Cancer Duration 7 yrs

Contributory causes of importance in order of onset: (1) Hypertension (2) _____ (3) _____

Did an operation precede death? No If so, state condition for which it was undertaken _____

Date of operation _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) W. R. Bloomberg M. D. (Address) Pinecon

Sub-Registrar.

19

Received

1. PLACE OF DEATH

County Mille Lacs
 Township Princeton
 Village _____
 City _____

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

STATE OF MINNESOTA

Division of Vital Statistics
CERTIFICATE OF DEATH

2. FULL NAME Ethel Marie Bullford
 (Please PRINT names in capitals)

(2a) Residence, No. 12 Princeton 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. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (month, day, and year) Jan 23 1889

7. AGE Years 49 Months 8 Days 12 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. Housewife

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) Oct 1938 11 Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) S. Dak

13. NAME (Print) Ethel Marie Bullford

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

15. MAIDEN NAME (Print) _____

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

17. INFORMANT (Address) Mrs J Bullford

18. Buried at _____ or Removed to Oak Knoll Date 10-8-38 (Cremation—No Yes)

19. UNDERTAKER (Address) J H Sorensen

20. Filed Oct 9 Geo Borchard Registrar.

21. DATE OF DEATH (month, day, and year) Oct 5-1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 5-1938 to Oct 5-1938 I last saw him alive on Oct 5-1938 death is said to have occurred on the date stated above, at 1200 p m.

The PRIMARY UNDERLYING CAUSE of death was Coronary thrombosis Duration 10 min

Contributory causes of importance in order of onset: (1) Coronary sclerosis Duration 5 yrs

(2) _____ (3) _____

Did an operation precede death? No

If so, state condition for which it was undertaken _____

Date of operation _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

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

If so, specify _____ (Signed) W A Blomberg M. D.

(Address) Princeton Minn

Sub-Registrar.

19

Received

1. PLACE OF DEATH

County Mille Lacs
 Township Princeton
 Village _____
 City _____

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

STATE OF MINNESOTA

Division of Vital Statistics
CERTIFICATE OF DEATH

2. FULL NAME Albert Hoehn
 (Please PRINT names in capitals)

(2a) Residence, No. P-2 Princeton St., _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

3. SEX Male 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (month, day, and year) Oct 1-1938

7. AGE Years 51 Months 7 Days 5 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. Farmer

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) Oct 1938 11 Total time (years) spent in this occupation 33 yrs

12. BIRTHPLACE (city or town) (State or country) Madison Lake Minn

13. NAME (Print) Joseph Hoehn

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

15. MAIDEN NAME (Print) Katherine Bruehl

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

17. INFORMANT (Address) Mrs Albert Hoehn

18. Buried at St Edwards Cemetery or Removed to Princeton Minn Date Oct 1938 (Cremation—No Yes)

19. UNDERTAKER (Address) J H Sorensen

20. Filed Nov 10 1938 Geo Borchard Registrar.

21. DATE OF DEATH (month, day, and year) Oct 18-1938

22. I HEREBY CERTIFY, That I attended deceased from May 1938 to Oct 18-1938 I last saw him alive on Oct 18-1938 death is said to have occurred on the date stated above, at 11:10 p m.

The PRIMARY UNDERLYING CAUSE of death was Cerebral Hemorrhage Duration 5 hrs

Contributory causes of importance in order of onset: (1) Hypertension Duration _____

(2) Arteriosclerotic changes? (3) _____

Did an operation precede death? _____

If so, state condition for which it was undertaken _____

Date of operation _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) W P Blomberg M. D.

(Address) Princeton Minn

Sub-Registrar.

19

Received

1. PLACE OF DEATH

County Mille Lacs
 Township Princeton
 Village _____
 City _____

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

STATE OF MINNESOTA

Division of Vital Statistics
CERTIFICATE OF DEATH

2. FULL NAME John G Bjelkm
 (Please PRINT names in capitals)

(2a) Residence, No. _____ Princeton St., _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (month, day, and year) _____

7. AGE Years 75 Months 3 Days 12 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. Farmer

9. Industry or business in which work was done, as railway, mine, (kind of saw mill, bank, etc.) _____

10. Date deceased last worked at this occupation (month and year) _____ 11 Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Sweden

13. NAME (Print) Gustaf Bjelkm

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

15. MAIDEN NAME (Print) Helena Johnson

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

17. INFORMANT (Address) Mrs John Bjelkm

18. Buried at Princeton Minn or Removed to Princeton Minn Date Nov 2-38 (Cremation—No Yes)

19. UNDERTAKER (Address) M C Carlson

20. Filed Oct 10-1938 Geo Borchard Registrar.

21. DATE OF DEATH (month, day, and year) Oct 31-1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 22-1938 to Oct 31-1938 I last saw him alive on Oct 22-1938 death is said to have occurred on the date stated above, at 7:45 a m.

The PRIMARY UNDERLYING CAUSE of death was Acute Myocardial Infarction Duration 2

Contributory causes of importance in order of onset: (1) Myocardial Duration 2

(2) _____ (3) _____

Did an operation precede death? _____

If so, state condition for which it was undertaken _____

Date of operation _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) H C Cooney M. D.

(Address) Princeton Minn

Sub-Registrar.

19

Received

1. PLACE OF DEATH

County Mille Lacs
 Township Princeton
 Village _____
 City _____

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

STATE OF MINNESOTA

Division of Vital Statistics
CERTIFICATE OF DEATH

2. FULL NAME Eugene Schaeffer
 (Please PRINT names in capitals)

(2a) Residence, No. P-3 Princeton St., _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. if of foreign birth? 36 yrs. mos. ds.

3. SEX Male 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (month, day, and year) March 17-1889

7. AGE Years 57 Months 5 Days 12 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. Farmer

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) Jan 1938 11 Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Albion Minn

13. NAME (Print) Eugene Schaeffer

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

15. MAIDEN NAME (Print) unknown

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

17. INFORMANT (Address) Mrs Eugene Schaeffer

18. Buried at Princeton Minn or Removed to Princeton Minn Date 10-22-1938 (Cremation—No Yes)

19. UNDERTAKER (Address) J H Sorensen

20. Filed Nov 10-1938 Geo Borchard Registrar.

21. DATE OF DEATH (month, day, and year) Oct 18-1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1928 to Oct 18-1938 I last saw him alive on Oct 12-1938 death is said to have occurred on the date stated above, at 8:30 a m.

The PRIMARY UNDERLYING CAUSE of death was Nephritis Duration 10 yrs

Contributory causes of importance in order of onset: (1) _____ Duration _____

(2) _____ (3) _____

Did an operation precede death? No

If so, state condition for which it was undertaken _____

Date of operation _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) H C Cooney M. D.

(Address) Princeton Minn

Sub-Registrar.

19

Received

1. PLACE OF DEATH
County Miller
Township Princeton
Village _____
City _____

STATE OF MINNESOTA
Division of Vital Statistics
CERTIFICATE OF DEATH
Reg. District No. _____ No. in Registration Book _____
(Above numbers to be filled in only by local registrar or his deputy.)
St. _____ Ward _____

2. FULL NAME William Wallace Clemons
(Please PRINT names in capitals)

(2a) Residence, No. Princeton Minn. 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. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (month, day, and year) June 6-1869

7. AGE Years 69 Months 11 Days 14 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. Farmer

9. Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) _____ 11 Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Minnesota (State or country)

13. NAME (Print) Ephraim Clemons

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

15. MAIDEN NAME (Print) Emeline Johnson

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

17. INFORMANT Wm. W. Clemons (Address) Princeton Minn.

18. Buried at Princeton or Removed to Princeton Date May 23, 1939 (Cremation—No Yes)

19. UNDERTAKER M. C. Carlson (Address) Princeton Minn.

20. Filed June 10, 1939 Geo. Borchard Registrar.

21. DATE OF DEATH (month, day, and year) May 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1939 to May 20, 1939 I last saw him alive on May 20, 1939 death is said to have occurred on the date stated above, at 7:00 AM.

The PRIMARY UNDERLYING CAUSE of death was Coronary Thrombosis Duration 2 days

Contributory causes of importance in order of onset: (1) Coronary Sclerosis Duration 8-10 yrs

(2) _____ (3) _____

Did an operation precede death? No If so, state condition for which it was undertaken _____

Date of operation _____ Was there an autopsy? No

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 place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____ (Signed) W. R. Blomberg M. D. (Address) Princeton Minn.

1. PLACE OF DEATH
County Miller
Township Princeton
Village _____
City _____

STATE OF MINNESOTA
Division of Vital Statistics
CERTIFICATE OF DEATH
Reg. District No. 2881 No. in Registration Book _____
(Above numbers to be filled in only by local registrar or his deputy.)
St. _____ Ward _____

2. FULL NAME Maurin Chilstrom
(Please PRINT names in capitals)

(2a) Residence, No. Waukegan 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. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (month, day, and year) July 27, 1907

7. AGE Years 32 Months 1 Days 27 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. Farmer

9. Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc. Farming

10. Date deceased last worked at this occupation (month and year) Sept 24, 1939 11 Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) Maine (State or country)

13. NAME (Print) John Chilstrom

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

15. MAIDEN NAME (Print) Anna M. J. Jelin

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

17. INFORMANT John Chilstrom (Address) _____

18. Buried at Princeton or Removed to Princeton Date 9-26-39 (Cremation—No Yes)

19. UNDERTAKER Paula Schramm (Address) Princeton Minn.

20. Filed Oct 4, 1939 Geo. Borchard Registrar.

21. DATE OF DEATH (month, day, and year) 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19 I last saw him alive on Sept 24, 1939 death is said to have occurred on the date stated above, at _____ m.

The PRIMARY UNDERLYING CAUSE of death was Carbon Monoxide Duration _____

Contributory causes of importance in order of onset: (1) _____ (2) _____ (3) _____

Did an operation precede death? No If so, state condition for which it was undertaken _____

Date of operation _____ Was there an autopsy? No

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 place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____ (Signed) C. B. Schramm M. D. (Address) Princeton Minn.

1. PLACE OF DEATH
County Miller
Township Princeton
Village _____
City _____

STATE OF MINNESOTA
Division of Vital Statistics
CERTIFICATE OF DEATH
Reg. District No. _____ No. in Registration Book _____
(Above numbers to be filled in only by local registrar or his deputy.)
St. _____ Ward _____

2. FULL NAME Iida M. Yogo
(Please PRINT names in capitals)

(2a) Residence, No. Princeton Minn. 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. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (month, day, and year) Jan 19, 1875

7. AGE Years 78 Months 10 Days 3 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. Housewife

9. Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) Jan 1933 11 Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Maine (State or country)

13. NAME (Print) Nathan Heath

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

15. MAIDEN NAME (Print) Fannie Mayo

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

17. INFORMANT Est. Heath (Address) Princeton Minn.

18. Buried at Princeton or Removed to Princeton Date 9-9-39 (Cremation—No Yes)

19. UNDERTAKER J. H. Sirens (Address) Princeton Minn.

20. Filed Oct 4, 1939 Geo. Borchard Registrar.

21. DATE OF DEATH (month, day, and year) Sept 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1939 to Sept 6, 1939 I last saw her alive on Sept 6, 1939 death is said to have occurred on the date stated above, at 3:30 PM.

The PRIMARY UNDERLYING CAUSE of death was Pericarditis Duration 8 yrs

Contributory causes of importance in order of onset: (1) _____ (2) _____ (3) _____

Did an operation precede death? No If so, state condition for which it was undertaken _____

Date of operation _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? No 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 place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____ (Signed) H. C. Cooney M. D. (Address) Princeton Minn.

1. PLACE OF DEATH
County Miller
Township Princeton
Village _____
City _____

STATE OF MINNESOTA
Division of Vital Statistics
CERTIFICATE OF DEATH
Reg. District No. _____ No. in Registration Book _____
(Above numbers to be filled in only by local registrar or his deputy.)
St. _____ Ward _____

2. FULL NAME Lawrence N. Anderson Jr.
(Please PRINT names in capitals)

(2a) Residence, No. Princeton 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. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

3. SEX Male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (month, day, and year) Dec 13, 1914

7. AGE Years 24 Months 9 Days 18 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. Farmer

9. Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) Sept 1939 11 Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (city or town) Coon Creek (State or country)

13. NAME (Print) Lawrence N. Anderson

14. BIRTHPLACE (city or town) Elk River (State or country)

15. MAIDEN NAME (Print) Emma Borchard

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

17. INFORMANT Lawrence N. Anderson (Address) Princeton Minn.

18. Buried at Elk River or Removed to Princeton Date 10-4-39 (Cremation—No Yes)

19. UNDERTAKER J. H. Sirens (Address) Princeton Minn.

20. Filed 11-4-39 Geo. Borchard Registrar.

21. DATE OF DEATH (month, day, and year) Oct 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-1-39 to 10-1-39 I last saw him alive on 10-1-39 death is said to have occurred on the date stated above, at 5:50 PM.

The PRIMARY UNDERLYING CAUSE of death was Carbon Monoxide Duration 8

Contributory causes of importance in order of onset: (1) _____ (2) _____ (3) _____

Did an operation precede death? No If so, state condition for which it was undertaken _____

Date of operation _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident Date of injury _____

Where did injury occur? In car on road (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 Carbon Monoxide Gas

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____ (Signed) H. C. Cooney M. D. (Address) Princeton Minn.

1. PLACE OF DEATH

County Mille Lacs
 Township Princeton
 Village _____
 City _____

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

2. FULL NAME Emil Fredrick Milbrath
 (Please PRINT names in capitals)

(2a) Residence, No. Princeton, Wis. 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. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (month, day, and year) Dec. 10-1868

7. AGE Years 71 Months 3 Days 18 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. None

9. Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) _____ 11 Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Wisconsin (State or country)

13. NAME (Print) Fred Milbrath

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

15. MAIDEN NAME (Print) Agneta Leckstening

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

17. INFORMANT (Address) Wm E. & Milbrath Princeton, Minn.

18. Buried at Princeton Date 3/31 1940 (Cremation—No Yes)

19. UNDERTAKER (Address) M. C. Carlson Minn.

20. Filed April 4 1940 J. P. Borchard Registrar.

STATE OF MINNESOTA

Division of Vital Statistics
 CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 28 1940

22. I HEREBY CERTIFY, That I attended deceased from March 26 1940 to March 28 1940. I last saw him alive on March 28 1940; death is said to have occurred on the date stated above, at 7:20 P. m.

The PRIMARY UNDERLYING CAUSE of death was arteriosclerosis Duration 10 yrs

Contributory causes of importance in order of onset: (1) Basal ganglia hemorrhage Duration 4 yrs ago

(2) Fractured femur Duration 5 days

(3) _____

Did an operation precede death? No

If so, state condition for which it was undertaken _____

Date of operation _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? accident Date of injury Mar 24 1940

Where did injury occur? in his home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. stumbled while walking in room

Manner of injury _____ Nature of injury fracture left femur

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) W. P. Blomberg M. D.

(Address) Princeton Minn

Sub-Registrar.

19

Received

Sub-Registrar.

19

Received

1. PLACE OF DEATH

County Mille Lacs
 Township Princeton
 Village _____
 City _____

Reg. District No. 2881 No. in Registration Book _____
 (Above numbers to be filled in only by local registrar or his deputy.)
 St. _____ Ward _____

2. FULL NAME Amelia Gene
 (Please PRINT names in capitals)

(2a) Residence, No. _____ 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. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (month, day, and year) Aug 29 1881

7. AGE Years 59 Months 3 Days 21 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. Housewife

9. Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) _____ 11 Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Minnesota (State or country)

13. NAME (Print) Edmond Zeller

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

15. MAIDEN NAME (Print) Kalda Hanabey

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

17. INFORMANT (Address) Emil Gene

18. Buried at Princeton Date 12-23 1940 (Cremation—No Yes)

19. UNDERTAKER (Address) Andrew R. Hansen

20. Filed Dec 27 1940 Leo Borchard Registrar.

STATE OF MINNESOTA

Division of Vital Statistics
 CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 20 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept 27 1940 to Dec 19 1940. I last saw her alive on Dec 19 1940; death is said to have occurred on the date stated above, at _____ m.

The PRIMARY UNDERLYING CAUSE of death was Cancerous left breast Duration 3 or 4 years

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 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 place. _____

Manner of injury _____ Nature of injury _____

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

If so, specify _____ (Signed) W. P. Blomberg M. D.

(Address) Princeton Minn

Sub-Registrar.

19

Received

Sub-Registrar.

19

Received

2-18
 J. P. Borchard

1. PLACE OF DEATH

County Mille Lacs
 Township Princeton
 Village _____
 City _____

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

2. FULL NAME John Fisher
 (Please PRINT names in capitals)

(2a) Residence, No. Princeton 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. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (month, day, and year) Oct 29 1875

7. AGE Years 64 Months 9 Days 21 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. Farmer

9. Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc. own farm

10. Date deceased last worked at this occupation (month and year) Aug 1940 11 Total time (years) spent in this occupation life

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

13. NAME (Print) John Fisher

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

15. MAIDEN NAME (Print) Mrs Fisher

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

17. INFORMANT (Address) Henry Fisher

18. Buried at Princeton Date Aug 25 1940 (Cremation—No Yes)

19. UNDERTAKER (Address) Paul Schumann

20. Filed Aug 5 1940 Leo Borchard Registrar.

STATE OF MINNESOTA

Division of Vital Statistics
 CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 22 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept 1939 to Aug 1940. I last saw him alive on Aug 20 1940; death is said to have occurred on the date stated above, at 12:20 m.

The PRIMARY UNDERLYING CAUSE of death was Primary carcinoma of stomach Duration 2 yrs

Contributory causes of importance in order of onset: (1) Generalized metastases Duration 1 yr

(2) Myocardial infarction Duration 3 days

(3) Arteriosclerosis

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 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____ Nature of injury _____

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

If so, specify _____ (Signed) David J. Gasser M. D.

(Address) Princeton

Sub-Registrar.

19

Received

1. PLACE OF DEATH

County Mille Lacs
 Township Princeton
 Village _____
 City _____

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

2. FULL NAME Catherine Siffing
 (Please PRINT names in capitals)

(2a) Residence, No. _____ 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. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (month, day, and year) _____

7. AGE Years 58 Months 8 Days 23 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. Housewife

10. Date deceased last worked at this occupation (month and year) _____ 11 Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Minnesota (State or country)

13. NAME (Print) John Munich

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

15. MAIDEN NAME (Print) Unknown

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

17. INFORMANT (Address) Elmer Siffing

18. Buried at Princeton Date 1-31 1941 (Cremation—No Yes)

19. UNDERTAKER (Address) Andrew Hansen

20. Filed 1-28 1941 Leo Borchard Registrar.

STATE OF MINNESOTA

Division of Vital Statistics
 CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 28 1941

22. I HEREBY CERTIFY, That I attended deceased from Dec 1940 to Jan 27 1941. I last saw her alive on Jan 27 1941; death is said to have occurred on the date stated above, at 4:30 P. m.

The PRIMARY UNDERLYING CAUSE of death was Cancerous melanoma of lungs Duration 2 yrs

Contributory causes of importance in order of onset: (1) Chronic pneumonia Duration 24 hrs

(2) Heart

(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 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____ Nature of injury _____

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

If so, specify _____ (Signed) Gund Hansen M. D.

(Address) Princeton Minn

Sub-Registrar.

19

Received

1. PLACE OF DEATH

County Mille Lacs
 Township Princeton
 Village _____
 City _____

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

2. FULL NAME Hattie Viola Matt

(Please PRINT names in capitals)

(2a) Residence, No. Princeton St. _____ Ward _____Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (month, day, and year) April 12 1875

7. AGE Years 65 Months 8 Days 26 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. Housewife

9. Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) _____ 11 Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Minnesota (State or country)13. NAME (Print) Fallmore Ballard14. BIRTHPLACE (city or town) Mass. (State or country)15. MAIDEN NAME (Print) Lucy Hunt16. BIRTHPLACE (city or town) Mich. (State or country)17. INFORMANT (Address) Clyde Matt18. Buried at Princeton Date Jan 10 1941 (Cremation—No Yes)19. UNDERTAKER (Address) Mc Carbone20. Filed May 5 1941 Geo. Boehead Registrar.

STATE OF MINNESOTA

Division of Vital Statistics
CERTIFICATE OF DEATH

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

21. DATE OF DEATH (month, day, and year) Jan 8 194122. I HEREBY CERTIFY, That I attended deceased from Aug 194019____, to Jan 8 1941 I last saw h. alive on Jan 8 1941; death is said to have occurred on the date stated above, at 5:00 A.M.The PRIMARY UNDERLYING CAUSE of death was Carcinoma of Breast Duration 1 1/2 yrs.

Contributory causes of importance in order of onset: _____ Duration _____

(1) _____ (2) _____ (3) _____

Did an operation precede death? No

If so, state condition for which it was undertaken _____

Date of operation _____ Was there an autopsy? No

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

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

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

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

If so, specify _____ (Signed) M. R. Blomberg M. D.(Address) Princeton

Sub-Registrar.

19

Received

1. PLACE OF DEATH

County Mille Lacs
 Township Princeton
 Village _____
 City _____

Reg. District No. 2881 No. in Registration Book _____
 (Above numbers to be filled in only by local registrar or his deputy.)
 St. _____ Ward _____

2. FULL NAME Magdalena Marie Seefelt

(Please PRINT names in capitals)

(2a) Residence, No. _____ St. _____ Ward _____

Length of residence in city or town where death occurred _____ yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (month, day, and year) Feb 7 1866

7. AGE Years 75 Months 3 Days 21 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. Housewife

9. Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) _____ 11 Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Evansville Miss (State or country)13. NAME (Print) Rev Krings14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME (Print) Helena Gish16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT (Address) John Seefelt18. Buried at Princeton Date 6/2 1941 (Cremation—No Yes)19. UNDERTAKER (Address) C. J. Gish20. Filed June 3 1941 Geo. Boehead Registrar.

STATE OF MINNESOTA

Division of Vital Statistics
CERTIFICATE OF DEATH

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

21. DATE OF DEATH (month, day, and year) May 28 194122. I HEREBY CERTIFY, That I attended deceased from Aug 15 193919____, to May 27 1941 I last saw h. alive on May 27 1941; death is said to have occurred on the date stated above, at _____ m.The PRIMARY UNDERLYING CAUSE of death was Myocardial Infarction Duration one month

Contributory causes of importance in order of onset: _____ Duration _____

(1) arteriosclerosis (2) _____ (3) _____

Did an operation precede death? _____

If so, state condition for which it was undertaken _____

Date of operation _____ Was there an autopsy? _____

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

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

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

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

If so, specify _____ (Signed) David J. Jansen M. D.(Address) Princeton Minn

Sub-Registrar.

19

Received

1. PLACE OF DEATH

County Mille Lacs
 Township Princeton
 Village _____
 City _____

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

2. FULL NAME Peter Wicklund

(Please PRINT names in capitals)

(2a) Residence, No. Princeton St. _____ Ward _____

Length of residence in city or town where death occurred _____ yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

3a. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (month, day, and year) _____

7. AGE Years 95 Months 3 Days 1 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. Farmer

9. Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc. own farm

10. Date deceased last worked at this occupation (month and year) _____ 11 Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Sweden (State or country)13. NAME (Print) Nels Wicklund

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

15. MAIDEN NAME (Print) Unknown

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

17. INFORMANT (Address) Martin Wicklund18. Buried at Princeton Date 2-28 1941 (Cremation—No Yes)19. UNDERTAKER (Address) Coop Funeral Home

20. Filed _____, 19____ Registrar.

STATE OF MINNESOTA

Division of Vital Statistics
CERTIFICATE OF DEATH

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

21. DATE OF DEATH (month, day, and year) Feb 25 194122. I HEREBY CERTIFY, That I attended deceased from 2-8 194119____, to 2-8 1941 I last saw h. alive on _____; death is said to have occurred on the date stated above, at 7:30 P.M.The PRIMARY UNDERLYING CAUSE of death was arteriosclerosis Duration _____Contributory causes of importance in order of onset: similar Duration _____(1) Emile Kent (2) _____ (3) _____

Did an operation precede death? _____

If so, state condition for which it was undertaken _____

Date of operation _____ Was there an autopsy? _____

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

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

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

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

If so, specify _____ (Signed) H. C. Cooney M. D.(Address) Princeton Minn

Sub-Registrar.

19

Received

1. PLACE OF DEATH

County Mille Lacs
 Township Princeton
 Village _____
 City _____

Reg. District No. 2881 No. in Registration Book _____
 (Above numbers to be filled in only by local registrar or his deputy.)
 St. _____ Ward _____

2. FULL NAME William Bornholdt

(Please PRINT names in capitals)

(2a) Residence, No. _____ St. _____ Ward _____

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (month, day, and year) Mar-3-1870

7. AGE Years 71 Months 7 Days 26 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. Farmer

9. Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc. On Farm

10. Date deceased last worked at this occupation (month and year) _____ 11 Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Germany (State or country)13. NAME (Print) Unknown14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME (Print) Unknown16. BIRTHPLACE (city or town) ? (State or country)17. INFORMANT (Address) John P. Bornholdt18. Buried at Princeton Date Nov-1 1941 (Cremation—No Yes)19. UNDERTAKER (Address) C. J. Gish20. Filed Nov-3 1941 Geo. Boehead Registrar.

STATE OF MINNESOTA

Division of Vital Statistics
CERTIFICATE OF DEATH

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

21. DATE OF DEATH (month, day, and year) Oct-29 194122. I HEREBY CERTIFY, That I attended deceased from Sept-20 194119____, to 10/30 1941 I last saw h. alive on Sept-5 1941; death is said to have occurred on the date stated above, at 1:30 P.M.The PRIMARY UNDERLYING CAUSE of death was Exhaustion Duration _____Contributory causes of importance in order of onset: Cancer of the Stomach 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? _____

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

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

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

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

If so, specify _____ (Signed) H. C. Cooney M. D.(Address) Princeton Minn

Sub-Registrar.

19

Received

1. PLACE OF DEATH

County Mille Lacs
 Township Pinewood
 Village _____
 City _____

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

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

2. FULL NAME Clifford Oscar Nagel
 (Please PRINT names in capitals)

(2a) Residence, No. _____ 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. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of none

6. DATE OF BIRTH (month, day, and year) April-13-1932

7. AGE Years 9 Months 9 Days 8 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. none

9. Industry or business in which work was done, as railway, mine, (kind of) saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) _____ 11 Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Fergus Falls

13. NAME (Print) Oscar Nagel

14. BIRTHPLACE (city or town) (State or country) Carver Co

15. MAIDEN NAME (Print) Lillian Johnson

16. BIRTHPLACE (city or town) (State or country) Fergus Falls

17. INFORMANT (Address) Oscar Nagel

18. Buried at _____ or Removed to _____ Date Dec. 19, 1941 (Cremation—No Yes)

19. UNDERTAKER (Address) C. J. Ziska Pinewood

20. Filed Jan-4-1942 Geo. Borchard Registrar.

STATE OF MINNESOTA

Division of Vital Statistics
CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 15, 1941

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1941 to Dec. 15, 1941 I last saw h. alive on Dec. 15, 1941

death is said to have occurred on the date stated above, at 6:30 P.M.

The PRIMARY UNDERLYING CAUSE of death was Status Epilepticus Duration 8 hrs

Contributory causes of importance in order of onset: (1) Epilepsy Duration 8 yrs

Did an operation precede death? _____ If so, state condition for which it was undertaken _____

Date of operation _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) W. P. Blomberg M. D. (Address) Pinewood Minn. Dec. 18-41

Sub-Registrar.

19

Received

1. PLACE OF DEATH

County _____
 Township _____
 Village _____
 City _____

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

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

2. FULL NAME _____
 (Please PRINT names in capitals)

(2a) Residence, No. _____ 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. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

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 _____ 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) _____ 11 Total time (years) spent in this occupation _____

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) (State or country) _____

17. INFORMANT (Address) _____

18. Buried at _____ or Removed to _____ Date _____ 19 _____ (Cremation—No Yes)

19. UNDERTAKER (Address) _____

20. Filed _____, 19 _____ Registrar.

STATE OF MINNESOTA

Division of Vital Statistics
CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) _____ 19 _____

22. I HEREBY CERTIFY, That I attended deceased from _____ 19 _____ to _____ 19 _____ I last saw h. alive on _____ 19 _____

death is said to have occurred on the date stated above, at _____ m.

The PRIMARY UNDERLYING CAUSE of death was _____ Duration _____

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 following: Accident, suicide or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) _____ M. D. (Address) _____

Sub-Registrar.

19

Received

1. PLACE OF DEATH

County _____
 Township _____
 Village _____
 City _____

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

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

2. FULL NAME _____
 (Please PRINT names in capitals)

(2a) Residence, No. _____ 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. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

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 _____ 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) _____ 11 Total time (years) spent in this occupation _____

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) (State or country) _____

17. INFORMANT (Address) _____

18. Buried at _____ or Removed to _____ Date _____ 19 _____ (Cremation—No Yes)

19. UNDERTAKER (Address) _____

20. Filed _____, 19 _____ Registrar.

STATE OF MINNESOTA

Division of Vital Statistics
CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) _____ 19 _____

22. I HEREBY CERTIFY, That I attended deceased from _____ 19 _____ to _____ 19 _____ I last saw h. alive on _____ 19 _____

death is said to have occurred on the date stated above, at _____ m.

The PRIMARY UNDERLYING CAUSE of death was _____ Duration _____

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 following: Accident, suicide or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) _____ M. D. (Address) _____

Sub-Registrar.

19

Received

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

2. FULL NAME _____
 (Please PRINT names in capitals)

(2a) Residence, No. _____ 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. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

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 _____ 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) _____ 11 Total time (years) spent in this occupation _____

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) (State or country) _____

17. INFORMANT (Address) _____

18 Buried at _____ or _____ Date _____ 19 _____
 Removed to _____ (Cremation—No Yes)

19. UNDERTAKER (Address) _____

20. Filed _____, 19 _____ Registrar. _____

STATE OF MINNESOTA

Division of Vital Statistics
CERTIFICATE OF DEATH

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

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

21. DATE OF DEATH (month, day, and year) _____ 19 _____

22. I HEREBY CERTIFY, That I attended deceased from _____
 19 _____, to _____ 19 _____ I last saw h. _____ alive on _____
 19 _____; death is said to have occurred on the _____
 date stated above, at _____ m.

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 _____

Date of operation _____ Was there an autopsy? _____

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

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

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

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

If so, specify _____

(Signed) _____ M. D. _____

(Address) _____

1. PLACE OF DEATH

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

2. FULL NAME _____
 (Please PRINT names in capitals)

(2a) Residence, No. _____ 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. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

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 _____ 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) _____ 11 Total time (years) spent in this occupation _____

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) (State or country) _____

17. INFORMANT (Address) _____

18 Buried at _____ or _____ Date _____ 19 _____
 Removed to _____ (Cremation—No Yes)

19. UNDERTAKER (Address) _____

20. Filed _____, 19 _____ Registrar. _____

STATE OF MINNESOTA

Division of Vital Statistics
CERTIFICATE OF DEATH

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

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

21. DATE OF DEATH (month, day, and year) _____ 19 _____

22. I HEREBY CERTIFY, That I attended deceased from _____
 19 _____, to _____ 19 _____ I last saw h. _____ alive on _____
 19 _____; death is said to have occurred on the _____
 date stated above, at _____ m.

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 _____

Date of operation _____ Was there an autopsy? _____

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

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

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

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

If so, specify _____

(Signed) _____ M. D. _____

(Address) _____

1. PLACE OF DEATH

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

2. FULL NAME _____
 (Please PRINT names in capitals)

(2a) Residence, No. _____ 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. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

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 _____ 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) _____ 11 Total time (years) spent in this occupation _____

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) (State or country) _____

17. INFORMANT (Address) _____

18 Buried at _____ or _____ Date _____ 19 _____
 Removed to _____ (Cremation—No Yes)

19. UNDERTAKER (Address) _____

20. Filed _____, 19 _____ Registrar. _____

STATE OF MINNESOTA

Division of Vital Statistics
CERTIFICATE OF DEATH

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

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

21. DATE OF DEATH (month, day, and year) _____ 19 _____

22. I HEREBY CERTIFY, That I attended deceased from _____
 19 _____, to _____ 19 _____ I last saw h. _____ alive on _____
 19 _____; death is said to have occurred on the _____
 date stated above, at _____ m.

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 _____

Date of operation _____ Was there an autopsy? _____

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

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

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

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

If so, specify _____

(Signed) _____ M. D. _____

(Address) _____

1. PLACE OF DEATH

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

2. FULL NAME _____
 (Please PRINT names in capitals)

(2a) Residence, No. _____ 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. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

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 _____ 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) _____ 11 Total time (years) spent in this occupation _____

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) (State or country) _____

17. INFORMANT (Address) _____

18 Buried at _____ or _____ Date _____ 19 _____
 Removed to _____ (Cremation—No Yes)

19. UNDERTAKER (Address) _____

20. Filed _____, 19 _____ Registrar. _____

STATE OF MINNESOTA

Division of Vital Statistics
CERTIFICATE OF DEATH

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

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

21. DATE OF DEATH (month, day, and year) _____ 19 _____

22. I HEREBY CERTIFY, That I attended deceased from _____
 19 _____, to _____ 19 _____ I last saw h. _____ alive on _____
 19 _____; death is said to have occurred on the _____
 date stated above, at _____ m.

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 _____

Date of operation _____ Was there an autopsy? _____

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

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

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

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

If so, specify _____

(Signed) _____ M. D. _____

(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 www.mnhs.org/library/.

1. PLACE OF DEATH

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

STATE OF MINNESOTA

Division of Vital Statistics

CERTIFICATE OF DEATH

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

2. FULL NAME

(Please PRINT names in capitals)

(2a) Residence, No. _____ 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. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

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 _____ 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) _____ 11 Total time (years)
spent in this
occupation _____

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)
(State or country)

17. INFORMANT

(Address)

18 Buried at _____ Date _____ 19 _____
or _____
Removed to _____ (Cremation—No Yes)

19. UNDERTAKER

(Address)

20. Filed _____, 19 _____
Registrar.

21. DATE OF DEATH (month, day, and year) 19 _____

22. I HEREBY CERTIFY, That I attended deceased from _____

19 _____, to _____ 19 _____ I last saw h. _____ alive on

_____ 19 _____; death is said to have occurred on the

date stated above, at _____ m.

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

Date of operation _____ Was there an autopsy?

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

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

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

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

If so, specify

(Signed) _____ M. D.

(Address) _____

1. PLACE OF DEATH

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

STATE OF MINNESOTA

Division of Vital Statistics

CERTIFICATE OF DEATH

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

2. FULL NAME

(Please PRINT names in capitals)

(2a) Residence, No. _____ 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. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

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 _____ 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) _____ 11 Total time (years)
spent in this
occupation _____

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)
(State or country)

17. INFORMANT

(Address)

18 Buried at _____ Date _____ 19 _____
or _____
Removed to _____ (Cremation—No Yes)

19. UNDERTAKER

(Address)

20. Filed _____, 19 _____
Registrar.

21. DATE OF DEATH (month, day, and year) 19 _____

22. I HEREBY CERTIFY, That I attended deceased from _____

19 _____, to _____ 19 _____ I last saw h. _____ alive on

_____ 19 _____; death is said to have occurred on the

date stated above, at _____ m.

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

Date of operation _____ Was there an autopsy?

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

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

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

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

If so, specify

(Signed) _____ M. D.

(Address) _____

BIRTHS

DEATHS

