

## PLACE OF DEATH

STATE OF MINNESOTA

8481

DIVISION OF VITAL STATISTICS

## CERTIFICATE OF DEATH

County Noble

Township

or Round Lake

Village

or

City

(No. ...., St.;

Registered No. 2

[If death occurred in a hospital or institution, give its NAME instead of street and number]

2 FULL NAME Agnes Amelia Green

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed, or Divorced Married  
(Write the word)6 DATE OF BIRTH February 18, 1859  
(Month) (Day) (Year)7 AGE 52 yrs. 5 mos. 10 ds. If LESS than 1 day, ... hrs. or ... min.?8 OCCUPATION (a) Trade, Profession, or particular kind of work House wife  
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Dominion of Canada10 Name of Father Hiram Heath11 Birthplace of Father (State or country) Vermont12 Maiden Name of Mother Amanda Tibbets13 Birthplace of Mother (State or country) Dominion of Canada14 The above is true to the best of my knowledge  
(Informant) Henry Green(Address) Round Lake Minn15 Filed July 31, 1911 B. D. Hart RegistrarAddress Round Lake Minn

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 5, 1911  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from July 13, 1911, to July 31, 1911,  
that I last saw her alive on July 31, 1911,  
and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH\* was as follows:

Carcinoma of Stomach  
Liver and R. & L. Breasts(Duration) 6 yrs. .... mos. .... ds.Contributory  
Secondary (Duration) .... yrs. .... mos. .... ds.(Signed) B. D. Hart M. D.  
7/31, 1911 (Address) Round Lake

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (for Hospitals, Institutions, Transients, or Recent Residents)

At place of death 17 yrs. 11 mos. 17 ds. In the 18 yrs. .... mos. .... ds.Where was disease contracted, Jackson County  
If not at place of death?  
Former or usual residence Jackson County19 PLACE OF BURIAL OR REMOVAL Round Lake Minn DATE OF BURIAL Aug. 1, 191120 UNDERTAKER G. H. Lawrence ADDRESS Northampton

Sub-Registrar

19

Received

MARGIN RESERVED FOR BINDING

READ INSTRUCTIONS ON BACK CAREFULLY

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.