

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

6513

Dist. No. 2614
To be inserted by registrar

CERTIFICATE OF DEATH

Registered No. 2

1 PLACE OF DEATH: STATE OF MINNESOTA
County Jackson
Township Round Lake
Village =
City =
No. = St. =
(If hospital or institution give its NAME instead of St. and No.)
Length of stay:
In hospital or institution 30 yrs. = mos. = days
In this community 30 yrs. = mos. = days

2 USUAL RESIDENCE OF DECEASED: (If an institution, give place of residence prior to admission)
State Minnesota
County Jackson
Township Round Lake
Village =
City =
No. = St. =
Is residence within limits of city or incorporated village? No

3 FULL NAME Henry Allen Green

4 (a) SOCIAL SECURITY NO. - 4 (b) IF VETERAN, NAME WAR -

5 SEX male 6 COLOR OR RACE white 7 Single, Married, Widowed or Divorced (Write the word) widowed
8 (a) If Married, Widowed or Divorced, NAME OF HUSBAND OR WIFE Agnes Heath 8 (b) AGE if alive = Years

9 DATE OF BIRTH (month, day, year) Apr 1, 1852
10 AGE Years 90 Months 10 Days 26 IF LESS than 1 day, = hrs. or = min.

11 USUAL OCCUPATION farmer

12 INDUSTRY OR BUSINESS Farming

13 BIRTHPLACE (City or Town, State or Country) Specy Grove, Ill.

14 NAME Chas. Green

15 BIRTHPLACE (City or Town, State or Country) USA.

16 MAIDEN NAME Unknown

17 BIRTHPLACE (City or Town, State or Country) USA

18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Informant's own Signature Mrs. George Heath

Address Round Lake, Minn

19 Buried at Round Lake or Removed to NI Date Mar 3, 1943 (Cremation—No—Yes)

20 Signature of Emballer or Funeral Director: H. E. Benson Emb. Lic. No. 2157

Address W. Guthrie, Round Lake, Minn F. D. Lic. No. 1214

Firm Name Benson Bros.

21 Date Received Mar 4, 1943 Bernard Otto Signature of Local Registrar

MEDICAL CERTIFICATION

22 DATE OF DEATH Feb. 27 1943

23 I HEREBY CERTIFY: That I attended deceased from February 3, 1943, to Feb 27, 1943

I last saw him alive on Feb 26, 1943
To the best of my knowledge, death occurred on the date stated above, at 11:45 P. M.

Immediate cause of death: MI Duration 3 days

Due to arteriosclerosis kidney 7-8 years

Due to senility 35 years

Other conditions: none Physician Max 2

(Include pregnancy within 3 months of death)

Major findings: - Of operations: - Underline the cause to which death should be charged statistically.

Of autopsy: -

24 If death was due to external cause, fill in the following:

(a) Accident, suicide, or homicide (specify): -

(b) Date of occurrence: -

(c) Where did injury occur? - (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? - While at work? - (Specify type of place)

(e) Means of injury: -

25 Signature Harry Walper M.D. Date 2-27-43

Address Brewster, Minn

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING BLACK INK, THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

Signature of Sub-Registrar: Greg B. Madden
Date: Mar 2, 1943
Removal or removal permit issued: -