

STATE OF MINNESOTA

Division of Vital Statistics CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Nobles
 Township _____
 Village Round Lake
 City _____ No. _____ St. _____ Ward _____

Reg. District No. _____ No. in Registration Book 5
 (Above numbers to be filled in only by local registrar or his deputy)

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

2. FULL NAME Fernando Cordes Heath

(Please PRINT names in capitals)
 (2a) Residence, No. Round Lake Minn. St. _____ Ward. _____
 Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S., if of foreign birth 60 yrs. mos. da.

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 Mrs. F. Heath

6. DATE OF BIRTH (month, day, and year) October 11 1949

7. AGE Years Months Days If LESS than 1 day, ____ hrs. or ____ min.
87 0 7

8. Trade, profession, or particular kind of work done, as engineer (type of), miner, sawyer, bookkeeper, etc. Retired

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

10. Date deceased last worked at this occupation (month and year) March 1931 11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (city or town) Montreal, Canada.

13. NAME (Print) Harm Heath

14. BIRTHPLACE (city or town) Vermont

15. MAIDEN NAME (Print) Amanda Tibbits

16. BIRTHPLACE (city or town) Canada

17. INFORMANT (Address) Mr. George Heath Lake Park, Iowa

18. BURIED AT OR REMOVED TO Round Lake, Minnesota Date 10/21/1936 (Cremation—No Yes)

19. UNDERTAKER (Address) Mr. G. A. Benson Northington, Minn.

20. Filed Oct. 27th 1936 Andrew H. Whipple Registrar (Address) Oct 21, 1936 J. B. Polgham M.D. (Address) Chapman St.

21. DATE OF DEATH (month, day, and year) October 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1936, to Oct 18, 1936
 I last saw him alive on Oct 18, 1936; death is said to have occurred on the date stated above, at 7 P. M.

The PRIMARY UNDERLYING CAUSE of death was

Apoplexy Duration 4 1/2 hrs.

Contributory causes of importance in order of onset:

(1) Arterio-Sclerosis Duration 40 years
 (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 _____

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully checked. 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.

Sub-Registrar
 Received Oct 21 1936