

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

3373

Dist. No. 2331  
To be inserted by registrar

CERTIFICATE OF DEATH

Registered No. 48

1 PLACE OF DEATH: STATE OF MINNESOTA  
County Crow Wing  
Township IDEAL  
Village.....  
City.....  
No..... St.  
(If hospital or institution give its NAME instead of St. and No.)  
Length of stay:  
In hospital or institution..... yrs..... mos..... days  
In this community..... 35 yrs..... mos..... days

2 USUAL RESIDENCE OF DECEASED; { If an institution, give place of residence prior to admission  
State MINN  
County Crow Wing  
Township IDEAL  
Village.....  
City.....  
No..... St.  
Is residence within limits of city or incorporated village? no

3 FULL NAME MARY ESTHER HEATH

4 (a) SOCIAL SECURITY NO. \_\_\_\_\_ 4 (b) IF VETERAN, NAME WAR \_\_\_\_\_  
5 SEX F 6 COLOR OR RACE W 7 Single, Married, Widowed or Divorced (Write the word) widowed  
8 (a) If Married, Widowed or Divorced, NAME OF HUSBAND OR WIFE CHANDLER 8 (b) AGE if alive \_\_\_\_\_ Years

9 DATE OF BIRTH (month, day, year) July 26 1864  
10 AGE Years 79 Months 9 Days 22 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

11 USUAL OCCUPATION housewife  
12 INDUSTRY OR BUSINESS at home  
13 BIRTHPLACE (City or Town) ILLINOIS (State or Country)

14 NAME Burdick  
15 BIRTHPLACE (City or Town) U.S. (State or Country)  
16 MAIDEN NAME unknown  
17 BIRTHPLACE (City or Town) ENGLAND (State or Country)

18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
Informant's own Signature Mrs. Edwin Lemke  
Address Pine River Minn

19 Buried at Pine River Date 121 1941  
Removed to \_\_\_\_\_ (Cremation No. \_\_\_\_\_)  
20 Signature of Embalmer or Funeral Director: J. J. Bergusky Emb. Lic. No. 2360  
D. J. Bergusky D. Lic. No. 1100  
Address 1000 Pine River  
Firm Name Northland Funeral Home

21 Date Received 5/22 1941  
B. J. Kriebel  
Signature of Local Registrar

MEDICAL CERTIFICATION  
22 DATE OF DEATH 5/18 1941  
23 I HEREBY CERTIFY: That I attended deceased from 6-1-39 to 5-18-41  
I last saw h.R. alive on 5-11 1941  
To the best of my knowledge, death occurred on the date stated above, at 11:30 P.M.  
Immediate cause of death Sugar Intoxication Duration 6 wks  
Due to.....  
Due to.....  
Other conditions (include pregnancy within 3 months of death) Tuberculosis (Pulmonary)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy Tuberculosis Pneumonia  
Physician (Indicate the cause to which death should be charged statistically.)

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 J. J. Bergusky M.D.  
Address Pine River Date 5-19-41

MARGIN RESERVE 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 J. J. Bergusky  
Date or renewal permit issued 5/19 1941