

CERTIFICATE OF DEATH

STATE HEALTH DEPT.

CERTIFICATE OF DEATH  
STATE OF NORTH DAKOTA

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FILED

State File No. 5390

Registered No. 149

1. PLACE OF DEATH  
County of Ward  
Township of Ward  
Village of Minot  
City of Minot

AUG - 2 1934

No. Trenton Hospital St  
If death occurred in a hospital or institution, give its name (instead of street and number)

Length of residence in city or town where death occurred 17 yrs. 11 mos. 17 ds. How long in U. S. if of foreign birth? 17 yrs. 11 mos. 17 ds.

2. FULL NAME Robert Ernest Heath  
(a) Residence: No. Sansford N.D. St., (If non-resident give city or town and State)  
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE W 5. Married  
Single, Married, Widowed, or Divorced (write the word)

21. DATE OF DEATH (month, day, and year) 7-12-1934

5a. If married, widowed, or divorced HUSBAND of Mrs. Amanda Heath  
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May-9-1867

7. AGE Years 67 Months 4 Days 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, 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) Canada

FATHER 13. NAME Heam Heath

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

MOTHER 15. MAIDEN NAME Mandana Heath

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

17. INFORMANT Mrs. Amanda Heath  
(Address) Sansford

18. BURIAL, CREMATION, OR REMOVAL  
Place Sansford Cemetery Date 7-15-34

19. UNDERTAKER W. J. ...  
(Address) Sansford

20. FILED 7-18-34 1934 Agnes Strand  
Registrar.

(Signed) Dean ... M. D.  
(Address) N.W. Clinic Minot N.D.

