

MARGIN RESERVE FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING 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. See instructions on back of certificate.

1 PLACE OF DEATH

County Nobles M. W.
 Township Northampton
 or
 Village
 or
 City Northampton No. Co. Post House St., Ward

STATE OF MINNESOTA

Division of Vital Statistics

8968

CERTIFICATE OF DEATH

Reg. District No. No. in Registration Book 53
 (Above numbers to be filled in only by local registrar or his deputy.)

2 FULL NAME

Russell Heath

(2) Residence. No. St., Ward 90 W.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced (WRITE the word)

Male White Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

Single

6 DATE OF BIRTH (month, day, and year) Jan 7 1853

7 AGE Years Months Days If LESS than 1 day, hrs. or min.
73 11 25

8 OCCUPATION OF DECEASED

(a) Trade, Profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

Carpenter

9 BIRTHPLACE (city or town) (State or country)

Canada

10 NAME OF FATHER

Wm Heath

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Canada

12 MAIDEN NAME OF MOTHER

M Jilits

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Canada

14 Informant (Address)

Fernando Heath

15 Filed

J. D. Smallwood
 Received FEB 10 1927 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1927

17 I HEREBY CERTIFY, That I attended deceased from here 2 1927, to Jan 2 1927, that I last saw him alive on Jan 1 1927 and that death occurred on the date stated above, at 3 a. m. The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

CONTRIBUTORY (SECONDARY)

18 Where was disease contracted (duration) yrs. mos. da.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [Signature] M. D.
4, 1927 (Address) Northampton

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR DISPOSAL

Round Lake

DATE OF BURIAL

Jan 4 1927

20 UNDERTAKER

G. Breeding

CITY

Northampton

Sub-Register Jan 4 1927