

STATE OF MINNESOTA

Division of Vital Statistics

CERTIFICATE OF DEATH 15289

1 PLACE OF DEATH

County Steele
 Township Steele
 or
 Village DeWabuna
 or
 City DeWabuna No. 511 death occurred in a hospital or institution, give its name instead of street and number)
 FULL NAME John McElroy St. DeWabuna Ward 4

Reg. District No. 2 No. in Registration Book 19
 (Above numbers to be filled in only by local registrar or his deputy)

(2) Residence, No. 511 St. DeWabuna Ward 4
 (Usual place of abode) (If nonresident give city or town and State) ds. DeWabuna mo. Apr yrs. 20

Length of residence in city or town where death occurred yrs. 20

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
 4 COLOR OF RACE White
 5 Single, Married, Widowed, or Divorced (write the word)
Widowed
 5a If married, widowed, or divorced (or) WIFE of Widowed

6 DATE OF BIRTH (month, day, and year) not known
 7 AGE about 84
 Years 84 Months 0 Days 0
 If less than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED Retired Farmer
 (a) Trade, Profession or particular kind of work 0.14
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9 BIRTHPLACE (city or town) (State or country) DeWabuna, Steele Co., Minn.
 10 NAME OF FATHER John McElroy

11 BIRTHPLACE OF FATHER (city or town) (State or country) DeWabuna, Steele Co., Minn.
 12 MAIDEN NAME OF MOTHER Ellen Callahan
 13 BIRTHPLACE OF MOTHER (city or town) (State or country) DeWabuna, Steele Co., Minn.

14 Informant (Address) John McElroy, 511 DeWabuna, Steele Co., Minn.
 15 Filed Apr. 24, 1919 St. DeWabuna Registrar John McElroy

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 20 1919
 17 I HEREBY CERTIFY, That I attended deceased from April 6th 1919 to April 20th 1919
 that I last saw him alive on April 20th 1919
 and that death occurred, on the date stated above, at 11:30 P.M.
 The CAUSE OF DEATH was as follows:
apoplexy

CONTRIBUTORY (SECONDARY) old age
 duration, 6 yrs. 6 mos. 0 ds.
 18 Where was disease contracted (duration) yrs. mos. ds.
 if not at place of death? Date of
 Did an operation precede death?
 Was there an autopsy?
 What test confirmed diagnosis (Signed) John Swanson, M.D.
 (Address) DeWabuna, Minn.

* State the DISEASE CAUSING DEATH 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 NAME OF MEDICAL EXAMINER OR PHYSICIAN John Swanson DATE OF EXAMINATION Apr 23 1919
 20 SIGNATURE John Swanson

Received MAY 2 1919

MARGIN RESERVED FOR BINDING
 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.