

Write Plainly With Unfading Ink---This is a Permanent Record

This form of certificate is to be used only by LOCAL REGISTRARS for reporting to the REGISTER OF DEEDS. Send this certificate to the REGISTER OF DEEDS when the monthly report is mailed to the state office. DO NOT distribute these blanks to undertakers or other persons required to report deaths to you. All original certificates must be sent to the state office with the monthly reports.

1 PLACE OF DEATH
 County Jackson
 Township Valley
 or
 Village _____
 or
 City _____ (No. _____ St., _____ Ward)

STATE OF WISCONSIN
 Department of Health---Bureau of Vital Statistics

COPY OF DEATH RECORD

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 [To be filled out by the Register of Deeds]

2 FULL NAME (No. Name)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female **4 COLOR or RACE** White **5 Single Married Widowed or Divorced** (Write the Word) _____
6 DATE OF BIRTH Nov 10, 1914
 (Month) (Day) (Year)

7 AGE Premature Birth If LESS than 1 day, _____ hours or _____ min. ?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed or (employer) _____

9 BIRTHPLACE (State or country) Jackson Co.

PARENTS
10 NAME OF FATHER Emery Brunson
11 BIRTHPLACE OF FATHER (State or country) Wis.
12 MAIDEN NAME OF MOTHER Alia Terburg
13 BIRTHPLACE OF MOTHER (State or country) Sweden

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Emery Brunson
 (Address) Albia Center

15
 Filed Nov 12 1914 Harvey Caspary Registrar
 Filed _____ 1914 _____ Sub-Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 10, 1914
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from St. Rose 1914
 that I last saw h_____ alive on _____, 1914
 and that death occurred on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Premature Birth

 _____ (Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) S. G. Schwarz M. D.
Nov 17 1914 (Address) Humbird Wis.

State the disease causing death, or in deaths from violent causes state (1) means of injury; and (2) whether accidental, suicidal, or homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
 At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
 Where was disease contracted, if not at place of death? _____
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Houghtonburg **DATE OF BURIAL** Nov 13 1914

20 UNDERTAKER M. Kretschmer **ADDRESS** Humbird Wis.