

10104

APR 25-1934

PLACE OF DEATH
County Randolph

Primary Registration District No. **3034**

Township.....
City.....
Primary Registration District No.
(No.)

(a) Residence, No. 518 Lincoln St., Ward
(Usual place of abode)

MEDICAL CERTIFICATE OF DEATH

(Address) 11111 1st St. N. Minneapolis, Minn.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of **OCCUPATION** is very important.

