

(To be returned within 30 days to the Health Officer or if none to the Clerk of the town, village or city in which the Death occurs, and by him to the Register of Deeds of his County.)

No. 14

Certificate of Death.

1. Full name of deceased Neucle Otrusky
 2. Maiden name (if wife or widow) ✓
 3. Color White 4. Sex Male 5. Race (a) White
 6. Occupation Farmer 7. Age 73 Years _____ Months _____ Days _____
 8. Name of father Otrusky 9. Birthplace of father Bohemia
 10. Name of mother " 11. Birthplace of mother Bohemia
 12. Birthplace of deceased Bohemia 13. Married, ~~single~~, widowed or divorced (b) ✓
 14. Name of wife Anna Otrusky 15. Name of husband ✓
 16. Date of birth 1832 17. Date of death Oct 9 1905
 18. Residence at time of death Franklin Wis 19. Place of death Franklin Wis
 20. Cause of death { Primary Cancer of Stomach
 Secondary General Exhaustion
 21. Duration of disease 6 mo. 22. Was deceased ever a U. S. soldier or sailor no
 23. Place of burial Fish Mills Cemetery
 24. Undertaker or person conducting burial Richard A. Drevce
 25. Other important facts not above stated _____

State of Wisconsin, Register's Office,

County Stevenson } ss.Received and recorded this OCT 31 1905day of _____ 1905on page 129, volume D

J. S. Wilbanc
 Register.

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UNCERTIFIED COPY - NOT VALID FOR IDENTITY PURPOSES

Signature J. W. Vosburgh
 (Physician, Coroner, Justice of Peace.)
 Dated Oct 9, 1905 Residence Coopersstown Wis
 Burial Permit No. 15 Date of burial permit Oct 10th, 1905

STATE OF WISCONSIN, }
 County of Stevenson } ss.

I Hereby Certify, that the above is a true return of the death and of the other facts there recorded.

Dated at Franklin, said County }
 this 26th day of Oct, 1905 }

Residence _____

M. M. Anderson
 (c) Health Officer, Town, Village or City Clerk.

NOTE.—(a) State whether white, black, mulatto, Indian mixed, Indian and white. (b) Strike out words not applicable to deceased. (c) Strike out words not applicable to the person signing.