

MINNESOTA STATE DEPARTMENT OF HEALTH
Division of Birth and Death Records and Vital Statistics

CERTIFICATE OF DEATH

Registered No. 3

Dist. No.
 To be inserted by registrar

1 PLACE OF DEATH: STATE OF MINNESOTA
 County Dodge
 Township West Concord
 Village West Concord
 City West Concord
 No. St.
 (If hospital or institution give its NAME instead of St. and No.)
 Length of stay:
 In hospital or institution yes mos. 1 days
 In this community yes mos. 1 days

2 USUAL RESIDENCE OF DECEASED: { If an institution, give place of residence prior to admission
 State.....
 County.....
 Township.....
 Village.....
 City.....
 No..... St.
 Is residence within limits of city or incorporated village?.....

3 FULL NAME

4 (a) SOCIAL SECURITY NO. **4 (b) IF VETERAN, NAME WAR**

5 SEX Male **6 COLOR OR RACE** W **7 Single, Married, Widowed or Divorced (Write the word)** Single

8 (a) If Married, Widowed or Divorced, NAME OF HUSBAND OR WIFE Stillborn **8 (b) AGE if alive** 3-14 Years

9 DATE OF BIRTH (month, day, year) 3-14-42

10 AGE Years 3 Months 14 Days 14 IF LESS than 1 day,hrs. or.....min.

11 USUAL OCCUPATION

12 INDUSTRY OR BUSINESS

13 BIRTHPLACE (City or Town) (State or Country) West Concord Minn

14 NAME Birdge B Babcock

15 BIRTHPLACE (City or Town) (State or Country) Dodge Co Minn

16 MAIDEN NAME Julia J. Rafferty

17 BIRTHPLACE (City or Town) (State or Country) St. Joseph Minn

18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant's own Signature Birdge B. Babcock

Address West Concord Minn

19 Buried at or Removed to Concord Date 3-14-1942 (Cremation—No—Yes)

20 Signature of Embalmer or Funeral Director: D. M. Howan Emb. Lic. No. 1804 F. D. Dic. No. 793

Address West Concord Firm Name McHowan Mortuary

21 Date Received 3/14 1942 Signature of Local Registrar R. Westly

MEDICAL CERTIFICATION

22 DATE OF DEATH 3-14 1942

23 I HEREBY CERTIFY: That I attended deceased from 3-14, 1942, to 3-14, 1942

I last saw h..... alive on....., 19.....
 To the best of my knowledge, death occurred on the date stated above, at....., Ia.

Immediate cause of death Stillborn

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

24 If death was due to external cause, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?..... While at work?..... (Specify type of place)

(e) Means of injury.....

25 Signature G. E. Olson M. D. Address West Concord Date Minn

Signature of Sub-Registrar: G. E. Olson 1942
 Burial or removal permit issued 3-14-42

REC'D MAR 24 1942