

1 PLACE OF DEATH

County Jackson  
 Township W Valley  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)

STATE OF WISCONSIN

Department of Health---Bureau of Vital Statistics

COPY OF DEATH RECORD

Page No. **330** 628  
 [To be filled out by the Register of Deeds]

2 FULL NAME Alia Brouson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR or RACE White 5 Single Married Widowed or Divorced (Write the Word) Married

6 DATE OF BIRTH April 10, 1875  
 (Month) (Day) (Year)

7 AGE 39 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. If LESS than 1 day, \_\_\_\_\_ hours or \_\_\_\_\_ min. ?

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

9 BIRTHPLACE (State or country) Sweden

PARENTS 10 NAME OF FATHER John Ferburg 11 BIRTHPLACE OF FATHER (State or country) Sweden 12 MAIDEN NAME OF MOTHER Alia Ferburg 13 BIRTHPLACE OF MOTHER (State or country) Sweden

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Emery Brouson (Address) \_\_\_\_\_

15 Filed Nov. 12, 1914 Harvey Carpenter Registrar  
 Filed \_\_\_\_\_ 191\_\_\_\_\_ \_\_\_\_\_ 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 Nov. 10, 1914, to Nov. 10, 1914, that I last saw her alive on Nov. 10, 1914, and that death occurred on the date stated above, at 1:45 P.M.

The CAUSE OF DEATH\* was as follows:  
Post partum hemorrhage (secondary)  
(Premature birth)  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 hrs.

Contributory Placenta praevia (SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. (Signed) J. G. Schwapp M. D. Nov. 17, 1914 (Address) Subsidiary 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 Houghtenbury DATE OF BURIAL Nov. 13, 1914  
 20 UNDERTAKER M. Kretschmer ADDRESS Subsidiary Wis.

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.