

NOT FOR IDENTITY PURPOSES

1 PLACE OF DEATH

STATE OF WISCONSIN

Department of Health--Bureau of Vital Statistics

COPY OF DEATH RECORD

County Jackson  
Township G. Valley  
Village  
or  
City

Page No. 134  
[To be filled out by the Register of Deeds]

City

St. Ward

2 FULL NAME Emory Bronson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male  
4 COLOR or RACE white  
5 Single Married Widowed or Divorced (Write the Word)  
6 DATE OF BIRTH Feb. 7, 1858 (Month) (Day) (Year)  
7 AGE 60 yrs. 5 mos. 27 ds. If less than 1 day, ... hours or ... min. 7  
8 OCCUPATION Farmer  
(a) Trade, profession, or particular kind of work.  
(b) General nature of industry, business, or establishment in which employed or (employee).

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug. 6, 1918 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from April, 1918, to Aug. 2, 1918 that I last saw him alive on Aug. 2, 1918 and that death occurred on the date stated above, at 8:30 am. The CAUSE OF DEATH\* was as follows:

Paralysis caused by curbstroke of the spine

9 BIRTHPLACE Wisconsin  
10 NAME OF FATHER Lewis Bronson  
11 BIRTHPLACE OF FATHER Pennsylvania  
12 MAIDEN NAME OF MOTHER Not known  
13 BIRTHPLACE OF MOTHER Pennsylvania

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Wilson, David, Son (Address) Ashland, Wis.

15 Filed 8-8, 1918 Registrar  
Filed 8-8, 1918 Sub-Registrar

16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) 19 yrs. 11 mos. 11 ds. At place of death Where was disease contracted, if not at place of death? Former or usual residence.

18 CONTRIBUTORY (SECONDARY) Undertaken (Duration) yrs. mos. ds. (Signed) L. P. Garthland (Address) 1918 Falls Wis.

19 PLACE OF BURIAL OR REMOVAL Doughtown, Wis. DATE OF BURIAL 8-8, 1918

20 UNDERTAKER C. B. Van Gordon ADDRESS Wausau, Wis.

This form of certificate is to be used only by LOCAL REGISTRARS for reporting to the REGISTER OF DEEDS. 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.

MARGIN RESERVED FOR BINDING

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