

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.

1 PLACE OF DEATH

County Jackson
 Township of Valley
 or
 Village _____
 or
 City _____ (No. _____ St., _____ Ward)

STATE OF WISCONSIN

Department of Health---Bureau of Vital Statistics

COPY OF DEATH RECORD

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 [To be filled out by the Register of Deeds]

2 FULL NAME (No Name)

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 Nov. 10, 1914
 (Month) (Day) (Year)

7 AGE (Premature Birth) ds. If LESS than 1 day, _____ hours or _____ min. ?

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

9 BIRTHPLACE (State or country) Jackson Co.

PARENTS
 10 NAME OF FATHER Emery Brunson
 11 BIRTHPLACE OF FATHER (State or country) Wis.
 12 MAIDEN NAME OF MOTHER Celia Terburg
 13 BIRTHPLACE OF MOTHER (State or country) Sweden

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Emery Brunson
 (Address) Alma Center

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 (Still Born) alive on _____, 191

and that death occurred on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows: (Still Born)

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. G. Schwarz _____ M. D. Nov. 11, 1914 (Address) Alma Center 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 Houghtonburgh DATE OF BURIAL Nov. 13, 1914
 20 UNDERTAKER M. Kretschmer ADDRESS Humboldt Wis.