

PLACE OF DEATH

STATE OF MINNESOTA

Division of Vital Statistics

CERTIFICATE OF DEATH

12:00

194

Sub-Registrar

Reg. District No. No. in Registration Book
(Above numbers to be filled in only by local registrar or his deputy.)

Paribault No. West 7 St. St., Ward
David Starnwood
West 7 St. St., Ward
How long in U. S., if of foreign birth? yrs. mos. ds.

129

PERSONAL AND STATISTICAL PARTICULARS

1 COLOR OR RACE 2 Single, Married, Widowed, or Divorced (WRITE the word)
Male White Single

3 If married, widowed, or divorced HUSBAND of (or) WIFE of

4 DATE OF BIRTH (month, day, and year) No data
AGE Years Months Days If LESS than 1 day, hrs or min.
68

5 OCCUPATION OF DECEASED
(a) Trade, Profession, or particular kind of work Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

6 BIRTHPLACE (city or town) State or country Maine

7 NAME OF FATHER D. Starnwood

8 BIRTHPLACE OF FATHER (city or town) State or country don't know

9 MAIDEN NAME OF MOTHER don't know

10 BIRTHPLACE OF MOTHER (city or town) State or country Maine

11 Informant Mrs. A. P. ...
Address

12 Filed 8-24-27 F. M. Davis REGISTRAR
Received SEP 8 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 24 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 20 1926, to Aug 24 1927, that I last saw him alive on Aug 23 1927, and that death occurred on the date stated above, at ... m. The CAUSE OF DEATH* was as follows:

Coronary Vascular
Renal, disstate -
duration 2 yrs. mos. ds.

18 CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18 Where was disease contracted South St Paul, if not at place of death

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?
(Signed) J. P. ... M. D.
Address

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Northfield 8/25 1927

20 UNDERTAKER Address
Fred. Hoffmann Northfield

STATE OF MINNESOTA) SS
COUNTY OF HENNEPIN)

I hereby certify that the above is a true and correct copy of the official record on file with the Section of Vital Statistics Registration of the Minnesota Department of Health.

Dated at Minneapolis

April 10, 1996

Fredrick L. Teng
State Registrar
Minnesota Department of Health

NOT VALID WITHOUT IMPRESSED SEAL