

PLACE OF DEATH

STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 2260

Sub-Registrar.

County of Clay
Township of Humboldt
OR
Village of _____
OR
City of Barnesville (No. _____, St.; _____ Ward)

FULL NAME William Carr

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH (Month) (Day) (Year)
November 22 1835

AGE 74 years, 7 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) _____ marriage
Parent of 7 children, of whom 7 are living

BIRTH PLACE (State or Country) England

OCCUPATION Retired Farmer

NAME OF FATHER Wm Carr

BIRTHPLACE OF FATHER (State or Country) England

MAIDEN NAME OF MOTHER Elizabeth

BIRTHPLACE OF MOTHER (State or Country) England

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Wm Carr Jr.
(Address) Barnesville
(OVER)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1910
(Month) (Day) (Year)

I attended deceased from Sept _____ 1909
to June 30th 1910. I last saw him alive on June 30th 1910, and I HEREBY CERTIFY that death occurred on the date above at 9 A.M. The DISEASE CAUSING DEATH [or MEANS OF DEATH*] was

Acute indigestion Duration in Yrs., Months Days, or Hours 2 hours

Resulting in or Aided by: Chronic heart disease years

(Signed) F. H. Alexander M. D.
July 1 1910 (Address) Barnesville

*State how injury occurred and whether Accidental? Suicidal? Homicidal?

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents: Former or usual Residence _____ How long at place of death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL Barnesville DATE OF BURIAL July 2 1910

UNDERTAKER Theo Halverson Barnesville
Address Barnesville
Filed July 5 1910 F. W. James Registrar

READ INSTRUCTIONS ON BACK CAREFULLY

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

