

NO9

HE215
HLVS

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CERT
1287

TEAR CAREFULLY ALONG PERFORATED LINE

MARGIN RESERVED FOR INDEXING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

READ INSTRUCTIONS ON BACK CAREFULLY

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County Dodge
Township
or
Village West Concord
or
City (No. St. Ward)

STATE OF MINNESOTA 3631
Division of Vital Statistics

CERTIFICATE OF DEATH

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

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Larina Whitlock 9.0

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed, or Divorced, (Write the word) widowed

6 DATE OF BIRTH 11 8 1833
(Month) (Day) (Year)

7 AGE 91 yrs. 1 mos. 25 ds. If LESS than 1 day, hrs. or mins.?

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

9 BIRTHPLACE (State or Country) Ohio, Meigs Co

10 Name of Father William M. Kinstry

11 Birthplace of Father (State or Country) Ireland

12 Maiden Name of Mother do not know

13 Birthplace of Mother (State or Country) Ohio

14 The above is true to the best of my knowledge

(Informant) Albert S. Whitlock
(Address) Brainerd Minn

15 Filed 2/9 1925 J. E. Warner
Registrar

Address West Concord Minn

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 3rd 1925
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan, 1924, to Jan 3rd, 1925, that I last saw him alive on Jan 3rd, 1925, and that death occurred, on the date stated above, at 2 m. The CAUSE OF DEATH was as follows:

Valvular Lesion of Heart

(Duration) yrs. mos. ds.

Contributory Old age
Secondary

(Duration) yrs. mos. ds.

(Signed) J. F. Clifford, M. D.
, 1925 (Address)

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL; and (3) Where was injury sustained, if not at place of death?

18 LENGTH OF RESIDENCE (for Hospitals, Institutions, Transients, or Recent Residents)

In district where death occurred 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 Pickwick Minn DATE OF BURIAL Jan 7, 1925

20 UNDERTAKER R. W. Melbourn ADDRESS Dodge Center Minn

Sub-Registrar

Received

RECEIVED FEB 10 1925