



and for said County and State aforesaid, do hereby certify that the following is a true and correct copy of the certificate of _____ of _____ on file and of record in my office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said court at _____ Minnesota, this _____ day of _____ 19____.

Tombsstone
 The important man of Avraham Sapse, son of Baruch ~~too~~ ^{blessed} Cohain
 died on 28 Tamuz (again the date may be incorrect)

Clerk of the District Court
 By _____ Deputy

MARGIN RESERVED FOR BINDING
 Every item of information should be carefully checked for accuracy before it is written in plain terms, so that it may be properly used in the future. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly used in the future. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
 SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly used in the future. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MINNESOTA
 Division of Vital Statistics

CERTIFICATE OF DEATH 13526

Country St Louis
 Township _____
 Village _____
 City Etzel No. 302 Jones St Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Sapse Cohen
 (2) Residence No. 302 Jones St. Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 13 yrs 6 mos. How long in U. S. if of foreign birth 20 yrs 6 mos.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>male</u>	4 COLOR OR RACE <u>white Hebrew</u>	5 Single, Married, Widowed, or Divorced (WRITE the word) <u>widowed</u>	16 DATE OF DEATH (month, day, and year) <u>June 14, 1923</u>		
14 If married, widowed, or divorced HUSBAND of (or) WIFE of <u>widowed</u>			17 I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____ that I last saw him _____ alive on _____ 19____ and that death occurred on the date stated above, at _____ The CAUSE OF DEATH was as follows: <u>Cerebral Hemorrhage</u>		
6 DATE OF BIRTH (month, day, and year) _____	7 AGE <u>80</u> Years Months Days If LESS than 1 day, _____ hr. or _____ min.	8 OCCUPATION OF DECEASED (a) Trade, Profession, or particular kind of work <u>Retired Teacher</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____	18 Where was disease contracted _____ If not at place of death? _____ Did an operation precede death? <u>no</u> Date of _____ Was there an autopsy? <u>no</u> What test was made? <u>H. St. King, M.D.</u>		
9 BIRTHPLACE (city or town) (State or country) <u>Wilkomere Situarica</u>			19 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.)		
10 NAME OF FATHER <u>Baruch</u>			20 PLACE OF BIRTH (CITY, TOWN, OR VILLAGE) <u>Etzel</u> DATE OF BIRTH _____		
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Wilkomere</u>			21 SIGNATURE OF REGISTERAR <u>[Signature]</u> ADDRESS <u>Etzel</u>		
12 MAIDEN NAME OF MOTHER <u>Hannah Lehn</u>			22 SIGNATURE OF CLERK OF DISTRICT COURT <u>[Signature]</u>		
13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Wilkomere</u>					
14 Informant <u>Mandel Cohen</u>					
15 Filed <u>7-9-23</u> <u>W.S. King M.D.</u> Registrar					

Sapse Cohen
 (Sam Cohen's father)
 Death Certificate
 June 14, 1923