

SEP 20 1930

STATE OF MINNESOTA

Division of Vital Statistics
CERTIFICATE OF DEATH

12290
927

1 PLACE OF DEATH
County Ramsey
Township New Canada
Village or

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

City Ramsey Co. Home St. _____ Ward _____
(If death occurred in hospital or institution, give its NAME instead of street and number)

2 FULL NAME Simon Bertie St. _____
173-E-14th St. St. Paul

(2) Residence, No. _____, Ward _____
(Usual place of abode) (If nonresident give city or town and State) ds. _____
Length of residence in city or town where death occurred 18 yrs. mos. _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX _____ 4 COLOR OR RACE _____ 5 Single, Married, Widowed or Divorced (WRITE THE WORD)

Female White Married

6a If married, widowed, or divorced (or) WIFE of _____

Simon Bertie

6 DATE OF BIRTH (month, day, and year) May 3, 1879
7 AGE Years _____ Months _____ Days _____
51 4 6
1 day, _____ hrs. _____ min.

8 OCCUPATION OF DECEASED _____

(a) Trade, Profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kansas

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kansas

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kansas

14 Informant (Address) Ramsey Co. Home

15 Filed Sept 20 1930 Albert O. Allen REGISTRAR

SEP 13 1930 Received

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 8, 1930

17 I HEREBY CERTIFY That attended deceased from Sept. 1, 30 to Sept. 8, 1930
that I last saw her alive on Sept. 7, 1930

and that death occurred on the date stated above, at _____
The CAUSE OF DEATH* was as follows:
Peritonitis secondary to chronic myometritis.

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

18 Where was disease contracted _____ duration _____ yrs. _____ mos. _____ ds.

Did an operation precede death? no Date of _____

Was there an autopsy? Physician's findings -

What test confirmed diagnosis? City of Ramsey, M. D.
(Signed) J. S. 1930 (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. (Use reverse side for additional space.)

19 Place of Burial, Cremation, or Removal _____ DATE OF BURIAL Sept, 9, 1930.

20 UNDERTAKER Sons of Jacob Cem. ADDRESS St. Paul, Minn
Jacob Rockstroh,

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully checked. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly described. Exact statement of OCCUPATION is very important.