

# STATE OF MINNESOTA

Division of Vital Statistics  
**CERTIFICATE OF DEATH** 27350  
 1123

1 PLACE OF DEATH  
 County St. Louis  
 Township \_\_\_\_\_  
 or \_\_\_\_\_  
 Village \_\_\_\_\_  
 or \_\_\_\_\_  
 City Duluth No. St. Lukes Hosp St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 2 FULL NAME Mrs. Blatta Slorim  
 (3) Residence, No. 324 East 6th St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S., if of foreign birth 35 yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

5a If married, widowed, or divorced WIFE of A. Slorim (or) WIFE of \_\_\_\_\_

6 DATE OF BIRTH (month, day, and year) about 1858

7 AGE Years 70 Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, hrs. \_\_\_\_\_ or 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) Russia

10 NAME OF FATHER Zalk

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

12 MAIDEN NAME OF MOTHER unknown

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

14 Informant A. Slorim (Address) 324 East 6th St.

15 Filed 11/27 L. A. SUKEFORTH DIRECTOR OF PUBLIC HEALTH

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH (month, day, and year) Nov 26 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 1 1915 to Nov 26 1928 that I last saw h. m. alive on Nov 26 1928 and that death occurred on the date stated above, at 11:15 P.M. The CAUSE OF DEATH\* was as follows:  
Pylo pyelitis  
hypertension  
arterio sclerosis  
 duration 2 yrs. mos. da.  
 CONTRIBUTORY Diabetes Mellitus (SECONDARY) duration 6 yrs. mos. da.  
 18 Where was disease contracted \_\_\_\_\_  
 if not at place of death? \_\_\_\_\_  
 Did an operation precede death? no Date of \_\_\_\_\_  
 Was there an autopsy? no  
 What test confirmed diagnosis? Chirological + physiant  
 (Signed) W. G. Strobel M. D.  
Nov 27 1928 (Address) 245 W 2nd Duluth

\*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 Jewick Ceard DATE OF BURIAL Nov 27 1928  
 20 UNDERTAKER Received DEC 1/2 1928 ADDRESS Duluth  
E. F. Johnson

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

Registrar  
 Received