

PLACE OF DEATH

STATE OF MINNESOTA

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

1910
2850

County Iron Range

Township

Village

City Brainerd

Registered No. 100

FULL NAME Worthy Buchman

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

MARGIN RESERVED FOR BINDING

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

READ INSTRUCTIONS ON BACK CAREFULLY

Every item of information should be stated EXACTLY. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 7 4 Color or Race W 5 Single, Married, Widowed, or Divorced. Single
(Write the word)

6 DATE OF BIRTH May 4, 1908
(Month) (Day) (Year)

7 AGE 2 yrs. 3 mos. 14 ds. If LESS than 1 day... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Minnesota

PARENTS

10 Name of Father Robert Buchman

11 Birthplace of Father (State or country) Russia

12 Maiden Name of Mother Sara Jalk

13 Birthplace of Mother (State or country) Russia

14 The above is true to the best of my knowledge
(Informant) Robert Buchman
(address) Brainerd, Minn.

15 Filed Sept 14, 1910 by R. A. Seise Registrar
Address

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 18, 1910
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 18, 1910 to Aug 18, 1910, that I last saw him alive on above, 1910, and that death occurred, on the date stated above, at 2:00 PM.
The CAUSE OF DEATH* was as follows:
Gun shot in head
Accident
Gun in hands of young brother
(Duration) ... yrs. ... mos. ... ds.

Contributory Secondary (Duration) ... yrs. ... mos. ... ds.

(Signed) D. T. Batcheller, M. D.
8/18, 1910 (Address) Brainerd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (for Hospitals, Institutions, Transients, or Recent Residents)
At place of death ... 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 Duluth Minn DATE OF BURIAL August 19, 1910

20 UNDERTAKER B. B. McManis ADDRESS Brainerd Minn

Received August 18, 1910 B. B. McManis Sub-Registrar

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Order No: 96006

Order Date: June 19, 2011



MINNESOTA HISTORICAL SOCIETY

Library
345 Kellogg Boulevard West
St Paul, MN 55102-1906

Bill/Ship and use granted to:	Michael Zalk 3300 Plaza VII 45 South 7th Street Minneapolis, MN 55402 Phone: 612-607-7517 Email: mzalk@oppenheimer.com			
Shipped Items		Qty	Price	Total Cost
Death Certificate/Card #1910-MN-002850.BUCHMAN, DORTHY		1	\$9.00	\$9.00
			Total Tax	\$0.62
			Total Cost	\$9.62