

STATE OF WISCONSIN ^{JUL 10 1934} 1934

Department of Health—Bureau of Vital Statistics

ORIGINAL CERTIFICATE OF DEATH

Registered No. ²²¹ ~~222~~

1 PLACE OF DEATH

County Douglas

Township _____

or

Village _____

or

City Superior(No. St. Marys Hospital St. _____ Ward)

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

2 FULL NAME Benj. Shapira(a) Residence. No. 421 John Ave St. _____ Ward. _____

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) married5a If married, widowed, or divorced HUSBAND of (or) WIFE of Freume Shapira6 DATE OF BIRTH (month, day and year) 18627 AGE about 72 Years Months Days If LESS than 1 day. _____ hrs. or _____ min.

8 OCCUPATION

(a) Trade, profession, or particular kind of work Rabbi

(b) General nature of industry, business, or establishment in which employed or (employer) _____

9 BIRTH PLACE (State or country) Lithuania10 NAME OF FATHER Ben Shapira11 BIRTHPLACE OF FATHER (State or country) Lithuania12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (State or country) _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ben Fergel(Address) 702 West Superior

15 JUN 21 1934 P. G. MCGILL, M. D. REGISTRAR

HEALTH COMM. CITY OF SUPERIOR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 20, 1934
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from June 19, 1934, to June 20, 1934that I last saw him alive on June 20, 1934and that death occurred on the date stated above, at 10 A. M.

The CAUSE OF DEATH* was as follows:

Obstruction of Bowel (by)
Rupture of Bowel
General Peritonitis
(Duration) _____ yrs. mos. / 1 dayContributory (SECONDARY) same(Duration) _____ yrs. mos. / 1 day18 Where was disease contracted no
If not at place of death? _____Did an operation precede death? yes Date of June 19, 1934Was there an autopsy? noWhat test confirmed diagnosis? perforation(Signed) [Signature] M. D.June 20, 1934 (Address) 1308 Ave

* 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.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL

Hebrew 6/21 193420 UNDERTAKER Hebrew Society Superior

MARGIN RESERVED FOR BINDING

WHEN PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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 inside of cover.

N. B. Do not send this certificate to the registrar of deeds. It should be returned to the local registrar of the town, or village, or the health officer of the city where death occurred and by him forwarded to the State Bureau of Vital Statistics with the regular monthly reports.

The death certificate properly filled out may be filed by the undertaker with any local registrar in the state and a burial permit obtained from such registrar. The registrar who receives the certificate, if the death did not occur in that district, must sign the certificate as sub-registrar and forward at once to the registrar of the district where death occurred for which a fee of 10c is paid.

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