

# STATE OF MINNESOTA

DIVISION OF VITAL STATISTICS

23660

## CERTIFICATE OF DEATH

1 PLACE OF DEATH  
 County St. Louis  
 Township.....  
 or  
 Village.....  
 or  
 City Duluth (No. 316 1/2 E. 6th St.; 2 Ward)

Reg. District No. \_\_\_\_\_ No. in Registration Book 504  
 (Above numbers to be filled in only by local registrar or his deputy.)

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

2 FULL NAME Jacob Simon

### PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH  
 ..... (Month) ..... (Day) ..... (Year)

7 AGE 76 yrs. 6 mos. ..... 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) Russia

10 Name of Father Isaac Simon

11 Birthplace of Father (State or country) Russia

12 Maiden Name of Mother Bessie

13 Birthplace of Mother (State or country) Russia

14 The above is true to the best of my knowledge  
 (Informant) M. Segal  
 (Address) 215 E. 5th

15 Filed 5/21/13 by H. E. Webster Registrar  
 Address.....

### MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH May 2-1, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1913, to April 28, 1913, that I last saw him alive on April 28, 1913, and that death occurred, on the date stated above, at 7:30 P.M.

The CAUSE OF DEATH\* was as follows:  
Pulmonary Tuberculosis  
 (Duration) 5 yrs. .... mos. .... ds.

Contributory Secondary  
 (Duration) ..... yrs. .... mos. .... ds.  
 (Signed) C. E. Cressden, M. D.  
May 3, 1913. (Address) Duluth, Minn.

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

18 LENGTH OF RESIDENCE (for Hospitals, Institutions, Transients, or Recent Residents)  
 At place of death ..... yrs. .... mos. .... ds. In the State 23 yrs. .... mos. .... ds.  
 Where was disease contracted? Duluth, Minn.  
 If not at place of death?  
 Former or usual residence Minneapolis, Minn.

19 PLACE OF BURIAL OR REMOVAL Jewish Cem. DATE OF BURIAL 5/4, 1913  
 ADDRESS L. Karemie

Sub-Registrar

19

19

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

READ INSTRUCTIONS ON BACK CAREFULLY

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 back of certificate.