

PLACE OF DEATH

STATE OF MINNESOTA

17534

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

County Hennepin

Township

Village

City Minneapolis

Reg. District No. No. in Registration Book 1060

FULL NAME Schifra Simon

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Fe Color or Race W Single, Married, Widowed, or Divorced, (Write the word) M

DATE OF DEATH Mar 26, 1913

DATE OF BIRTH May 15, 1881

I HEREBY CERTIFY, That I attended deceased from Mar 15, 1913, to Mar 25, 1913, that I last saw her alive on Mar 24, 1913, and that death occurred, on the date stated above, at 12:30 p.m.

AGE 41 yrs. 10 mos. 19 ds. If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH\* was as follows:

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

Diabetes mellitus

BIRTHPLACE (State or country) Russia

(Duration) yrs. mos. ds.

10 Name of Father David Margulies

Contributory Primary Secondary

11 Birthplace of Father (State or country) Russia

(Duration) yrs. mos. ds.

12 Maiden Name of Mother Marie Rubenstein

(Signed) J. Troll M. D.

13 Birthplace of Mother (State or country) Russian

3/26, 1913 (Address) 1226 Wash St

14 The above is true to the best of my knowledge (Informant) D. Simon

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (3) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

(Address) 554 Macoute St

15 LENGTH OF RESIDENCE (for Hospitals, Institutions, Transients, or Recent Residents)

15 Filed 1913 Registrar

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Address

Where was disease contracted, If not at place of death?

Former or usual residence

16 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

UNDERTAKER ADDRESS

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.

Sub-Registrar Received