

12332

## STATE OF MINNESOTA

Division of Vital Statistics

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County PolkTownship \_\_\_\_\_  
or \_\_\_\_\_

Village \_\_\_\_\_

City CrookstonReg. District No. 12 No. in Registration Book 145

(Above numbers to be filled in only by local registrar or his deputy)

No. St. Vincent Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Mrs. Denise Boucher(2a) Residence, No. 320 Hurlbut St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)Length of residence in city or town where death occurred 53 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (WRITE THE WORD) Widowed5a. If married, widowed or divorced  
HUSBAND of Jules Boucher  
(or) WIFE of \_\_\_\_\_6. DATE OF BIRTH July 19, 18477. AGE Years 88 Months 3 Days 2 If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.8. Trade, profession, or particular kind of work done, as engineer (type of) miner, sawyer, bookkeeper, etc. House Wife9. Industry or business in which work was done, as railway, mine (kind of) saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Madame Isle Quebec  
(State or country) Canada12. NAME Amba Farley14. BIRTHPLACE (city or town) Canada  
(State or country)15. MAIDEN NAME Marie Forcier16. BIRTHPLACE (city or town) Canada  
(State or country)17. INFORMANT Mrs. R. Boucher  
(Address) Crookston18. PLACE OF BURIAL Crookston Date 10/23/35  
(Cremation—No, Yes)19. UNDERTAKER J. A. Housko  
(Address) Crookston, Minn.20. Filed 10/30/35, 1935 by Lyle Brown Registrar. 10/23/35 (Address) Crookston, Minn.21. DATE OF DEATH Oct. 21, 1935  
(month, day, and year)22. I HEREBY CERTIFY That I attended deceased from July 29<sup>th</sup> 1935 to Oct 21<sup>st</sup> 1935  
last saw her alive on Oct 21<sup>st</sup> 1935; death is said to have occurred on the date stated above, at \_\_\_\_\_ M.

The PRIMARY UNDERLYING CAUSE of death was

Fracture of neck of femurDuration 3 mo

Contributory causes of importance in order of onset:

(1) Senility  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_

Duration

Did an operation precede death? yesIf so, state condition for which it was undertaken application Hip castDate of operation Aug. 13, 1935 Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accident Date of injury 7/29, 1935Where did injury occur? at her home - Crookston  
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. her homeManner of injury slipped + fell on floor  
Nature of injury Fracture hip24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) W. F. Merrill M. D.10/23/35 (Address) Crookston, Minn.

MARGIN RESERVED FOR BINDING

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

10/23/35