

STATE OF MINNESOTA

Division of Vital Statistics

CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County Polk
 Township _____
 or _____
 Village _____
 or _____
 City Crookston

Reg. District No. 12 No. 4 in Registration Book 74
(Above numbers to be filled in only by local registrar or his deputy)

No. St. Vincents Hosp St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Joseph Boucher
 (2a) Residence, No. 323 E. Robert St. St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 da. How long in U. S., if of foreign birth? 50 yrs. 0 mos. 0 da.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (WRITE THE WORD) Married

5a. If married, widowed or divorced HUSBAND of Julia Boucher (or) WIFE of _____

6. DATE OF BIRTH Oct. 8, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>68</u>	<u>7</u>	<u>10</u>	

8. Trade, profession, or particular kind of work done, as engineer (type of) RETIRED
 miner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as railway, mine (kind of) saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) 1928
 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Canada (State or country)

MOTHER FATHER
 13. NAME Julius Boucher

14. BIRTHPLACE (city or town) Canada (State or country)

15. MAIDEN NAME Denise Farley

16. BIRTHPLACE (city or town) Canada (State or country)

17. INFORMANT Mrs. Julia Boucher, Crookston, Minn. (Address)

18. PLACE OF BURIAL Crookston, Minn. 1/21 Date 1934 (Cremation—No, Yes)

19. UNDERTAKER L. M. Norman, Crookston, Minn. (Address)

20. Filed 7/30, 1934 L. M. Norman Registrar

21. DATE OF DEATH July 16 1934
(month, day, and year)

22. I HEREBY CERTIFY, That I attended deceased from 11-27 1934 to July 18 1934
 I last saw him alive on July 18, 1934. death is said to have occurred on the date stated above, at _____ M.

The PRIMARY UNDERLYING CAUSE of death was

Arterio Sclerosis with secondary cerebral softening
 Duration 3 years

Contributory causes of importance in order of onset:
 (1) _____
 (2) _____
 (3) _____

Did an operation precede death? no
 If so, state condition for which it was undertaken _____

Date of operation 5 Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 0 Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) L. M. Norman M. D. (Address) Crookston

MARGIN RESERVED FOR BINDING
 EVERY ITEM OF INFORMATION SHOULD BE PLAINLY WRITTEN IN PERMANENT INK—THIS IS A PERMANENT RECORD.
 PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE UNDERSTOOD BY ALL.
 EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

Sub-Registrar
 Received 7/27/34