

STATE OF MINNESOTA

Division of Vital Statistics

11757

CERTIFICATE OF DEATH

Reg. District No. 12 No. in Registration Book 16
(Above numbers to be filled in only by local registrar or his deputy.)

1 PLACE OF DEATH

County Polk
Township H. R.
Village Brookston
City Brookston No. St. Ward

2 FULL NAME

Julius Boucher

(2) Residence No. 390 Boulevard St City St. Ward
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX m 4 COLOR OR RACE w 5 Single, Married, Widowed, or Divorced (WRITE the word) Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 2, 1844

7 AGE Years 81 Months 4 Days 22 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, Profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Canada

10 NAME OF FATHER

Joe Boucher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada

12 MAIDEN NAME OF MOTHER Charlotte Roy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Canada

14

Informant M. A. Boucher (Address) 390 Boulevard St City

15

Filed 2/16, 19 26 J. E. Lockie

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 13 1926, to Feb 13 1926 that I last saw h. in alive on Feb 13 1926

and that death occurred on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

CONTRIBUTORY Stroke (SECONDARY) duration yrs. mos. ds.

18 Where was disease contracted (duration) yrs. mos. 4 ds.

If not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. H. Hodgson M. D.

2/14/26 (Address) City

* 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

Brookston Feb 13 1926

20 UNDERTAKER

ADDRESS

Brookston Brookston

N. B.—WRITE 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.

Sub-Registrar

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Received