

028201

MINNESOTA DEPARTMENT OF HEALTH
Section of Vital Statistics
CERTIFICATE OF DEATH

112953

REGISTERED NO.

601
601
02

1956 JAN 11 1956

WRITE PLAINLY, WITH UNFADING BLACK INK
MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: STATE OF MINNESOTA a. COUNTY Polk		2. USUAL RESIDENCE a. STATE Minnesota b. COUNTY Polk	
b. TOWNSHIP OR		c. TOWNSHIP OR	
c. CITY OR VILLAGE Crookston		d. CITY OR VILLAGE Crookston	
e. LENGTH OF STAY in (b) or (c). 3 1/2 Mo		Is residence within its corporate limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
d. NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Francis Hospital		e. P. O. ADDRESS ST. 323 E. Robert Street	
3. NAME OF DECEASED (Type or Print) Julia Marie Boucher		4. DATE OF DEATH (Month) (Day) (Year) Dec 31, 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 30, 1878
9. AGE (In years last birthday) 77		If Under 1 Year Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Canada
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Adam Farley	
13b. MOTHER'S MAIDEN NAME Valerie Allard		14. SPOUSE'S NAME ** 331X	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S OWN SIGNATURE Leo Boucher		ADDRESS 323 Robert St.	
18. Enter only one cause on lines (a), (b) and (c). *(Give disease, injury or complication which was the IMMEDIATE CAUSE of death, not mode of dying, as heart failure, asphyxia, etc.)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION LEADING DIRECTLY TO DEATH* (a) Cerebral Hemorrhage		TIME BETWEEN ONSET & DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Generalized arteriosclerosis	
2. OTHER SIGNIFICANT CONDITIONS Contributing to death but not related to disease or condition causing death.		DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, VILLAGE OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July, 1952, to Dec 31, 1955 , that I last saw the deceased alive on Dec 31, 1955 , and that death occurred at 3 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE D. J. Fiedel MD		23b. ADDRESS Crookston, Minn	
23c. DATE SIGNED Jan 5, 1956			
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE Jan 3, 1956	
24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, village or county) (State) Crookston, Minn	
DATE FILED BY LOCAL REG. Jan 6, 1956		REGISTRAR'S SIGNATURE avis moberg	
25. SIGNATURE OF FUNERAL DIRECTOR OR EMBALMER Elmer M. Auerson		ADDRESS Crookston	

Signature of Sub-Registrar: *Elmer M. Auerson*

1956
Burial or removal permit issued *Jan 3*

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DEPUTY LOCAL REGISTRAR