

MARGIN RESERVED FOR BINDING

BE WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully checked. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be easily classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County Pine  
Township Brook Park  
Village  
City No.

STATE OF MINNESOTA

Division of Vital Statistics

CERTIFICATE OF DEATH

11104

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

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

2 FULL NAME John E Rafferty

(2) Residence. No. St., Ward  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX male 4 COLOR OR RACE white 5 Single, Married, Widowed, or Divorced (WRITE the word) married

16 DATE OF DEATH (month, day, and year) Mar 31 1925

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Rafferty

17 I HEREBY CERTIFY, That I attended deceased from Mar 1 1925 to Mar 31 1925, that I last saw him alive on Mar 20 1925

6 DATE OF BIRTH (month, day, and year) Aug 19 1865

and that death occurred on the date stated above, at 6 P m.

7 AGE 59 Years 7 Months 12 Days If LESS than 1 day, 18 hrs. or min.

The CAUSE OF DEATH\* was as follows:

Coronary face

8 OCCUPATION OF DECEASED

(a) Trade, Profession, or particular kind of work Farming

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

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

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

10 NAME OF FATHER John Rafferty

Did an operation precede death? no Date of

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

Was there an autopsy? would no

12 MAIDEN NAME OF MOTHER Celia Bradley

What test confirmed diagnosis? used

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

(Signed) E H Stephen M. D.

14 Informant (Address) Charles Sewell

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Brook Park Maus DATE OF BURIAL Apr 24 1925

15 Filed 4-10-25 Otto Ziegler REGISTRAR

\*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.)

20 URBANITY AW Piper Pine City

W. H. Piper  
Apr 1st 1925