

MINNESOTA STATE DEPARTMENT OF HEALTH
Division of Birth and Death Records and Vital Statistics

04918

Dist. No.
To be inserted by registrar

CERTIFICATE OF DEATH

Registered No. -15-

1 PLACE OF DEATH: STATE OF MINNESOTA
County Goodhue
Township.....
Village Zumbrota
City.....
No..... St.
(If hospital or institution give its NAME instead of St. and No.)
Length of stay:
In hospital or institution.....yrs.....mos.....days
In this community.....yrs.....mos.....days

2 USUAL RESIDENCE OF DECEASED: { If an institution, give place of residence prior to admission
State Minnesota
County Goodhue
Township.....
Village Zumbrota
City.....
No..... St.
Is residence within limits of city or incorporated village?.....

3 FULL NAME Mrs. Sigrid Rafferty

4 (a) SOCIAL SECURITY NO. 4 (b) IF VETERAN, NAME WAR

5 SEX F 6 COLOR OR RACE W 7 Single, Married, Widowed or Divorced (Write the word) Widowed

8 (a) If Married, Widowed or Divorced, NAME OF HUSBAND OR WIFE Jack Rafferty 8 (b) AGE if alive Years

9 DATE OF BIRTH (month, day, year) March 18, 1873
10 AGE Years Months Days IF LESS than 1 day, hrs. or min.
69 8 30

11 USUAL OCCUPATION Housewife

12 INDUSTRY OR BUSINESS

13 BIRTHPLACE (City or Town) (State or Country) ROSCOE Township, Minn.

14 NAME Lawrence Bjrgan

15 BIRTHPLACE (City or Town) (State or Country) Stordalen, Norway

16 MAIDEN NAME Ingebor Almi

17 BIRTHPLACE (City or Town) (State or Country) Stordalen, Norway

18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant's own Signature [Signature]
Address Zumbrota Minn

19 Buried at ANDS CHURCH Date 1-5-43
or Removed to (Cremation—No—Yes)

20 Signature of Embalmer or Funeral Director:
A. C. Larson Emb. Lic. No. 1044
A. C. Larson F. D. Lic. No. 8
Address Zumbrota

Firm Name same

21 Date Received 1-5-43
Signature of Local Registrar [Signature]

MEDICAL CERTIFICATION

22 DATE OF DEATH 12-30 1942

23 I HEREBY CERTIFY: That I attended deceased from 11-9 1942 to 12-30 1942
I last saw h. W. alive on 12-30 1942
To the best of my knowledge, death occurred on the date stated above, at 9:30 a.m.

Immediate cause of death Cerebral hemorrhage Duration 15 min

Due to Hypertension

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

24 If death was due to external cause, fill in the following:

- (a) Accident, suicide, or homicide (specify).....
- (b) Date of occurrence.....
- (c) Where did injury occur? (City or Town) (County) (State).....
- (d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) While at work?.....
- (e) Means of injury.....

25 Signature [Signature] M. D.
Address Zumbrota Minn Date 12-31-42

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK 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.

Signature of Sub-Registrar [Signature] 1942
Burial or removal permit issued 12-31-42

REC'D JAN 6 1943
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