

MANITOWOC COUNTY REGISTER OF DEEDS

Form No. 206-3-14-40-100M
Copy Certificate of DEATH

WISCONSIN STATE BOARD OF HEALTH
Bureau of Vital Statistics

665
Local Registrar's No. 6

1. PLACE OF DEATH:

(a) County Manitowoc
(b) Township _____
or
City or Village Manitowoc
(c) Name of hospital or institution _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Wisconsin (b) County Manitowoc
(c) Township _____
or
City or Village Manitowoc
(d) Street No. 1126 S. 11th Street
(If rural, give Route No. and Post Office)
(e) If foreign born, how long in U. S. A.? 55 yrs.

3. (a) FULL NAME William J. Reardon

MEDICAL CERTIFICATION

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Etersky Reardon 6. (c) Age of husband or wife if alive 69 years.

7. Birth date of deceased October 9, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 2 27 _____ hr. _____ min.

9. Birthplace London, England
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

Father { 12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

Mother { 14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Reardon

(b) Address Manitowoc, Wisconsin

17. (a) Burial (b) Date thereof 1-9-12
(Burial, cremation or other) (Mo.) (Da.) (Yr.)

(c) Place: burial or cremation Manitowoc - Evergreen Cem.

18. (a) Signature of funeral director Ed. F. Shimek

(b) Address Manitowoc, Wisconsin

19. (a) 1-8-12 (b) Chas. E. Wall M.D.
(Date received local registrar) (Registrar's signature)

(c) _____ (d) _____
(Date received sub-registrar) (Sub-registrar's signature)

20. Date of death: Month January Day 6 Year 1912

21. I hereby certify that I attended the deceased from past 6 years, 19____, to 1-6, 1912 that I last saw him alive about 2 wks before death and that death occurred on the date stated above at 5:00 A.M.

Immediate cause of death <u>Coronary thrombosis</u>	Duration
Due to _____	_____
Due to _____	_____
Other conditions (Include pregnancy within 3 months of death)	_____
Major findings: Of operations _____	Physician Underline the cause to which death should be charged statistically.
Of autopsy _____	

22. If death was due to external causes, fill in the following:

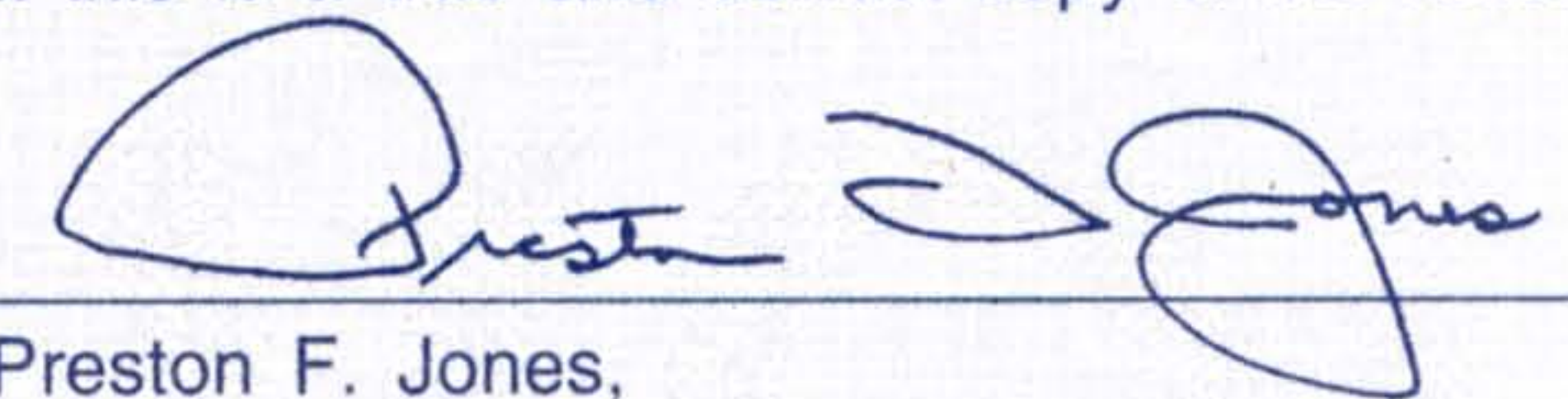
(a) Accident, suicide, homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City, village or township, county and state)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature J. W. Steckbauer, M. D. (M.D. or other)
Address Manitowoc, Wis. Date signed 1-7-12

Uncertified Copy
Not Valid For
Identity Purposes

I Preston F. Jones, Register of Deeds, Manitowoc County, Wisconsin, do hereby certify that this is a true and correct copy of the record filed in this office, exclusive of any confidential information.


Preston F. Jones,
Register of Deeds

Date Issued: JUL 27 2005

THIS RECORD HAS A RAISED SEAL. IT IS ILLEGAL TO REPRODUCE THIS DOCUMENT PER WISCONSIN STATUTE 69.24

This padlock icon is printed with ink that responds to warmth. Place your thumb on it and it should change appearance. If it does not, this may not be an original document.