

N. B.—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 can be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

STATE OF MINNESOTA 21

County Hennepin

Division of Vital Statistics

Township _____

CERTIFICATE OF DEATH

3783

Village _____

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

City Minneapolis Minn No. University Hospital

St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Christine Georges

(2a) Residence, No. St Michael Minn St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 2 mos 24 da. How long in U. S., if of foreign birth? 23 yrs. mos. _____

3 SEX Female 4. Color or Race White 5 Single, Married, Widowed, or Divorced (WRITE THE WORD) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Nick Georges

6 DATE OF BIRTH (month, day, and year) Dec 19 1887

7 AGE Years 43 Months 8 Days 22 If LESS than 1 day, _____ hrs. or _____ min.

8 Trade, profession, or particular kind of work done, as engineer (type of) miner, Sawyer, bookkeeper, etc.
 9 Industry or business in which work was done, as railway, mine (kind of) saw mill, bank, etc. Housewife
 10 Date deceased last worked at this occupation (month and year) _____ 11 Total time (years) spent in this occupation _____

12 BIRTHPLACE (city or town) Buffalo (State or country) Wisconsin

13 NAME Herman Otten

14 BIRTHPLACE (city or town) Germany (State or country)

15 MAIDEN NAME Bertha Marshall

16 BIRTHPLACE (city or town) Germany (State or country)

17 INFORMANT Hospital Records (Address)

18 PLACE OF BURIAL Osseo Minn Date 9-14-31 (Cremation No. _____)

19 UNDERTAKER Harry C. Nelson - 1278 (Address) Osseo Minn

20 Filed 9-11-31 H. J. Starnitz Registrar.

21 DATE OF DEATH (month, day, and year) Sept 11 1931

22 I HEREBY CERTIFY, That I attended deceased from June 17, 1931 to Sept 11, 1931

I last saw her alive on Sept 11 1931; death is said to have occurred on the date stated above, at 11:30 a

The PRIMARY UNDERLYING CAUSE of death was

Cholera

Contributory causes of importance in order of onset:
 (1) Parotitis, Polio
 (2) Respirational
 (3) Cerebral accident

Did an operation precede death? Yes
 If so, state condition for which it was undertaken Cholera

Date of operation 8/21/31 Was there an autopsy? Yes

23 If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) H. J. Starnitz M. D.
 (Address) University Hospital