

MINNESOTA DEATH CERTIFICATE

CHARLES FREMONT DEAN S. OF JOSHUA DEAN & EMELINE JARLSON

8115-2-12-28 428 Bds.

1027

1. PLACE OF DEATH

County Staples

Township _____

Village _____

City Staples No. _____ St. _____ Ward _____

STATE OF MINNESOTA

Division of Vital Statistics

CERTIFICATE OF DEATH

Reg. District No. _____ No. in Registration Book 33

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

2. FULL NAME Charles Fremont Dean

(Please PRINT names in capitals)

(a) Residence, No. Staples Minn St. _____ Ward _____

Length of residence in city or town where death occurred 40 yrs. mos. _____ da. How long in U. S., if of foreign birth 4 yrs. mos. _____ da.

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Sarah Dean

6. DATE OF BIRTH (month, day, and year) Jan 4th 1864

7. AGE Years 73 Months 1 Days 3 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. Blacksmith

9. Industry or business in which work was done, as railway, mine (kind of), saw mill, bank, etc. Railway

10. Date deceased last worked at this occupation (month and year) July 1922 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Brunswick (State or country) St. Stevens, Minn.

13. NAME (Print) Joshua Dean

14. BIRTHPLACE (city or town) Amherst (State or country) _____

15. MAIDEN NAME (Print) Emeline Jarlson

16. BIRTHPLACE (city or town) Amherst (State or country) _____

17. INFORMANT Mrs Sarah Dean (Address) Staples Minn.

18. BURIED AT OR REMOVED TO Staples Date Feb 15 1937 (Cremation—No Yes)

19. UNDERTAKER J. B. Huff (Address) Staples Minn.

20. Filed 3/1/37 by Jayles Cook Registrar. (Address) Staples Minn.

11. DATE OF DEATH (month, day, and year) 2-12-37

12. I HEREBY CERTIFY, That I attended deceased from Jan 30 1937 to 2-12-37 I last saw h. alive on 2-11-37; death is said to have occurred on the date stated above, at 6:45 A.M.

The PRIMARY UNDERLYING CAUSE of death was

<u>Coronary Artery</u>	Duration <u>10 yrs</u>
<u>Chronic Nephritis</u>	<u>10 "</u>
<u>Diabetes</u>	<u>3 wks</u>

Contributing causes of importance in order of causality:

(1) <u>Senility</u>	Duration _____
(2) _____	_____
(3) _____	_____

Did an operation precede death? No
If so, state condition for which it was undertaken _____

Date of operation _____ Was there an autopsy? No

23. If death was due to external causes (violence) list 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? No

If so, specify _____ (Signed) J. B. Huff M.D.

(Address) Staples Minn.

REC'D MAR 10 1937

MARGIN RESERVED FOR INDEXING

N. B.—WRITE PLAINLY, WITH UNFADING 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.

REGISTRAR

#11