MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PLACE OF DEATH

County of Marion
Township of Binnington
or
Village of
or
City of (No. St., Ward)

COPIED. JUL 11 1910

3033

STATE OF MINNESOTA

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

8091

500

Registered No.

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME (Baby) Eri (Stillborn) M —

PERSONAL AND STATISTICAL PARTICULARS

SEX: male	COLOR: white
DATE OF BIRTH (Month) May (Day) 5th (Year) 1910	
AGE: no years, no months, no days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: single	
AGE AT MARRIAGE, NUMBER OF CHILDREN: If married, age at (first) marriage — years. Parent of — children, of whom — are living	
BIRTHPLACE (State or country): Minnesota	
NAME OF FATHER: George Eri	
BIRTHPLACE OF FATHER (State or country): Norway	
MAIDEN NAME OF MOTHER: Lily Norby	
BIRTHPLACE OF MOTHER (State or country): Minnesota	
OCCUPATION: none	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) George Eri

(Address)

(OVER)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) May (Day) 5 (Year) 1910

I HEREBY CERTIFY, That I attended deceased from ______, 190__, to ______, 190__, that I last saw h___ alive on ______, 190__, and that death occurred, on the date stated above, at ______ M.

The CAUSE OF DEATH was as follows:
Born dead, due to strangulation of the umbilical cord —

(DURATION) ______ DAYS

Contributory ______

(DURATION) ______ DAYS

(Signed) A. E. Henslin M. D.

______ 190__ (Address) LeRoy Minn

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:
Former or usual residence ______ How long at place of death? ______ Days
Where was disease contracted, if not at place of death? ______

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Binnington	May 7 1910
UNDERTAKER: [illegible]	ADDRESS: LeRoy

Filed ______ 1910 D. M. Hagerty Registrar