

# STATE OF MINNESOTA

Division of Vital Statistics

## CERTIFICATE OF DEATH

### 1. PLACE OF DEATH

County Morrison

Township \_\_\_\_\_

Village \_\_\_\_\_

City Little Falls No. \_\_\_\_\_

Reg. District No. 18 No. in Registration Book 19  
(Above numbers to be filled in only by local registrar or his Deputy)

2. FULL NAME Earl William Moeffer  
(Please PRINT names in capitals)

(Sex) Residence, No. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs 7 mos da. How long in U. S. if of foreign birth? \_\_\_\_\_

3. SEX Male COLOR OR RACE White 4. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (month, day, and year) March 31 1936

22. I HEREBY CERTIFY, that I attended \_\_\_\_\_ from \_\_\_\_\_ 25 \_\_\_\_\_ 1936

5a. If married, widowed or divorced HUSBAND of (or WIFE of) Bertha Bakken

I last saw him alive on \_\_\_\_\_ death is said to have occurred on the date stated above at \_\_\_\_\_ M.

6. DATE OF BIRTH (month, day, and year) Aug 27 1887

THE PRIMARY UNDERLYING CAUSE OF DEATH WAS Apoplexy

7. AGE Years 47 Months 7 Days 3 If LESS than 1 day, hrs. or min.

Duration \_\_\_\_\_

8. Trade, profession, or particular kind of work done, as engineer, (type of mine), Sawyer, bookkeeper, etc. Retired farmer

Found dead in bed. Duration \_\_\_\_\_

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

Contributory causes of importance in order of onset: (1) \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) Dec 24 1935 11. Total time (years) spent in this occupation 1 year

(2) \_\_\_\_\_ (3) \_\_\_\_\_

12. BIRTHPLACE (city or town) (State or country) Mondamin Iowa

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

13. NAME (Print) Orrenda Moyer

Date of operation \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

14. BIRTHPLACE (city or town) (State of country) Ohio

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

15. MAIDEN NAME (Print) Orintella Weldon

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

16. BIRTHPLACE (city or town) (State of country) Ohio

Manner of injury \_\_\_\_\_

17. INFORMANT (Address) Lee Linder Little Falls

Nature of injury \_\_\_\_\_

18. BURIED AT OR REMOVED TO Little Falls Date 4-2 1936 (Cremation—No Yes)

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

19. UNDERTAKER (Address) B. B. Linder Little Falls Minn

If so, specify (Signed) B. B. Linder corner \_\_\_\_\_

20. Filed Apr 8 1936 J. W. Harten Registrar.

19. (Address) Little Falls Minn

MARGIN RESERVED FOR BINDING

2. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully checked. AGE should be stated EXACTLY. FRACTIONS should not be used. Exact statement of OCCUPATION is very important.

3-131  
1936