

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERSISTENT RECORD
 READ INSTRUCTIONS ON BACK CAREFULLY
 N. B.—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. See instructions on back of certificate.

PLACE OF DEATH

County Ramsay
 Township
 Village
 City St. Paul, Minn. (No. 413 Summit Place St.; Ward)

STATE OF MINNESOTA

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 20479

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

FULL NAME Nicolas Bohner

PERSONAL AND STATISTICAL PARTICULARS

3 SEX m 4 Color or Race wh 5 Single, Married, Widowed, or Divorced. Mar
 (Write the word)
 6 DATE OF BIRTH June 1 - 1843
 (Month) (Day) (Year)
 7 AGE 67 yrs. 10 mos. - ds. If LESS than 1 day, ... hrs. or ... min.?
 8 OCCUPATION (a) Trade, Profession, or particular kind of work Musician
 (b) General nature of industry, business, or establishment in which employed (or employer)
 9 BIRTHPLACE (State or country) Germany
 10 Name of Father Matt Bohner
 11 Birthplace of Father (State or country) Germany
 12 Maiden Name of Mother Anna Henkel
 13 Birthplace of Mother (State or country) Germany
 14 The above is true to the best of my knowledge (Informant) (Address)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 29, 1911
 (Month) (Day) (Year)
 17 I HEREBY CERTIFY, That I attended deceased from 3-10-1911 to 3-29-1911 that I last saw h..... alive on 3-28-1911 and that death occurred, on the date stated above, at 5 p.m.
 The CAUSE OF DEATH* was as follows:
Paralysis of the legs
 (Duration) yrs. mos. ds.
 Contributory Apoplexy
 Secondary (Duration) yrs. mos. ds.
 (Signed) Dr. Charles W. Wirth, M. D.
 (Address) 191.....
 *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
 18 LENGTH OF RESIDENCE (for Hospitals, Institutions, Transients, or Recent Residents)
 At place of death yrs. mos. ds. In the State yrs. mos. ds.
 Where was disease contracted, If not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Walton DATE OF BURIAL 191...
 20 UNDERTAKER Geo. Adam ADDRESS

15 Filed 191..... Registrar
 Address

Sub-Registrar

Received