

MARGIN RESERVED FOR BINDING

JUN 24 1920

Sub-Registrar

Registrar

STATE OF MINNESOTA 26872

Division of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County St. Louis
 Township _____
 or _____
 Village _____
 or _____
 City Duluth No. 2nd Ave East 134 St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Isaac McGhie 134
 (3) Residence. No. _____ St. _____ Ward Virginia
(Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth yrs. mos. ds.

| PERSONAL AND STATISTICAL PARTICULARS | | | MEDICAL CERTIFICATE OF DEATH | |
|---|---------------------------------|---|---|--|
| 3 SEX <u>Male</u> | 4 COLOR OR RACE <u>Black</u> | 5 Single, Married, Widowed, or Divorced (WRITE the word) <u>Single</u> | 16 DATE OF DEATH (month, day, and year) <u>June 15 1920</u> | |
| 5a If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____ | | | 17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows: <u>Strangulation by hanging</u> <u>to light pole. (Lynch)</u> | |
| 6 DATE OF BIRTH (month, day, and year) <u>Unknown</u> | | | CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds. | |
| 7 AGE Years Months Days <u>about 20</u> | | | 18 Where was disease contracted. If not at place of death? _____ Did an operation precede death? _____ Date of _____ Was there an autopsy? _____ | |
| 8 OCCUPATION OF DECEASED (a) Trade, Profession, or particular kind of work. <u>3 Laborer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Circus</u> (c) Name of employer <u>John Robinson Shaw</u> | | | What test confirmed diagnosis? <u>C. F. De Comb</u> M. D. _____, 19____ (Address) <u>Duluth</u> <u>Conn.</u> | |
| 9 BIRTHPLACE (city or town) (State or country) <u>Unknown</u> | | | * State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.) | |
| 10 NAME OF FATHER <u>Unknown</u> | | | 19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Park Hill Conn</u> DATE OF BURIAL <u>June 24 1920</u> | |
| 11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Unknown</u> | | | 20 UNDERTAKER <u>GRADY & HORGAN</u> ADDRESS <u>Duluth.</u> | |
| 12 MAIDEN NAME OF MOTHER <u>Unknown</u> | | | | |
| 13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Unknown</u> | | | | |
| 14 Informant (Address) <u>Grady & Horgan</u> | | | | |
| 15 Filed _____ E. W. FAHEY M. D. DIRECTOR OF PUBLIC HEALTH | | | | |