

## 1 PLACE OF DEATH

## STATE OF MINNESOTA

County HENNEPIN

Division of Vital Statistics

20795

Marriage

CERTIFICATE OF DEATH

3939

Village or City MINNEAPOLISReg. District No. \_\_\_\_\_ No. in Registration Book \_\_\_\_\_  
(Above numbers to be filled in only by local registrar or his deputy.)  
Swedish Hospital St. 4 Ward \_\_\_\_\_  
No. \_\_\_\_\_  
(If death occurred in a hospital or institution, give its name instead of street and number)FULL NAME William B. Armour

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(C) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 3 yrs. 4 mos. da. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced  
HUSBAND of Ada Armour  
(or) WIFE of \_\_\_\_\_DATE OF BIRTH (month, day, and year) Sept. 3, 1869AGE  
Years 53 Months 4 Days 29 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION OF DECEASED

(1) Trade, Profession, or particular kind of work: Restaurant

(2) General nature of industry, business, or establishment in which employed (or employer)

(3) Name of employer: Swedish Sausage ShopBIRTHPLACE (city or town) (State or country) Pittsburg Pa.10 NAME OF FATHER Adam Armour11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.12 MAIDEN NAME OF MOTHER Mary Carnie13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.14 Informant Wm B. Armour  
(Address) West 4th St.15 Filed 12/31, 19 22 Pittsburg

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2 192217 I HEREBY CERTIFY, That I attended deceased from Dec 1 1922, to Dec 2 1922that I last saw him alive on Dec 2 1922and that death occurred on the date stated above, at 120 A.M.

The CAUSE OF DEATH\* was as follows:

Cerebral Hemorrhageacuteduration \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 3 da.CONTRIBUTORY (SECONDARY) Acute bronchitis18 Where was disease contracted Minnesota

If not at place of death? \_\_\_\_\_

Did an operation precede death? No Date of \_\_\_\_\_Was there an autopsy? No

What test confirmed diagnosis? \_\_\_\_\_

(Signed) Osmondson M. D.12/2/22 (Address) 812 Beasor Bldg.

\*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.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Homestead, Pa.DATE OF BURIAL 12/3 192220 UNDERTAKER W. B. LanderADDRESS Mpls.Albany