Form No. 210-10-48-50M
State Birth No.

WISCONSIN STATE BOARD OF HEALTH
ORIGINAL CERTIFICATE OF DEATH

State Filing Date FEB 9 1949

1. PLACE OF DEATH
a. COUNTY: DOUGLAS
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: SUPERIOR
c. LENGTH OF STAY (in this place): 51 years
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: ST MARYS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission).
a. STATE: Wisconsin
b. COUNTY: DOUGLAS
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: SUPERIOR
d. STREET ADDRESS (If rural, give location): 1715 Winter St.

3. NAME OF DECEASED (Type or Print): a. (First) RUSSELL b. (Middle) E. c. (Last) ENNIS

4. DATE OF DEATH: (Month) JAN (Day) 21 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 10, 1897
9. AGE (In years): 51
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TAVERN OWNER
10b. KIND OF BUSINESS OR INDUSTRY: TAVERN
11. BIRTHPLACE (State or foreign country): SUPERIOR, WISCONSIN
12. CITIZEN of WHAT COUNTRY? USA

13. FATHER'S NAME: J. B. ENNIS
14. MOTHER'S MAIDEN NAME: VICTORIA MAC DOUGALL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): YES (If yes, give war or dates of service): WORLD WARS I & II
16. SOCIAL SECURITY NO.: 331
17. INFORMANT: x Mrs Cozette E Ennis

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral hemorrhage — Interval Between Onset and Death: 5 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): hypertension
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED While at Work ☐ Not While At Work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-21 1949, to 1-21, 1949, that I last saw the deceased alive on 1-21, 1949, and that death occurred at 10:30 A.M. from the cause and on the date stated above.

23a. SIGNATURE: M. M. Lavine (Degree or title) M. D
23b. ADDRESS: Superior Wis
23c. DATE SIGNED: 1-21-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 24, 1949
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town or county) (State): Superior, Wis.

DATE REC'D BY LOCAL REG.: Jan. 24 1949
REGISTRAR'S SIGNATURE: Ed Stack M.D.
25. FUNERAL DIRECTOR: C. A. Dahlman
ADDRESS: Superior Wis