

OCT 3 1952

Division of Vital Statistics
CERTIFICATE OF DEATH

REGISTERED NO.

M.B. Lewis

DEATH-STATE OF MINNESOTA
 City St James 203
 a. LENGTH OF STAY (in this district) 1 Week
 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
 a. STATE Minn
 b. COUNTY St James
 c. TOWNSHIP OR
 d. CITY OR VILLAGE Ely, Minn Is residence within its corporate limits? YES NO
 e. P. O. ADDRESS 334 W Chap St.

3. OCCUPATION (Give kind of work done, if working life, even if retired) Salceman
 4. DATE OF DEATH (Month) (Day) (Year) May 4, 1952
 5. NAME (Last) (First) (Middle) BURTON Elwood Keeley
 6. COLOR OR RACE W.
 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
 8. DATE OF BIRTH Nov 2 1888
 9. AGE (In years last birthday) 63-72 If Under 1 Year: Months 6 Days 2

10. KIND OF BUSINESS OR INDUSTRY retail Sporting Goods
 11. BIRTHPLACE (State or foreign country) Willingtons, N.H.
 12. CITIZEN OF WHAT COUNTRY? U.S.A.
 13. MOTHER'S MAIDEN NAME Emma Burton
 14. SPOUSE'S NAME Mac B. Keeley
 15. SOCIAL SECURITY NO. 349-20-4078
 16. INFORMANT'S OWN SIGNATURE William Paulson ADDRESS Ely

MEDICAL CERTIFICATION
 1. DISEASE OR CONDITION LEADING DIRECTLY TO DEATH* (a) Pneumonia TIME BETWEEN ONSET & DEATH 5 days
 ANTECEDENT CAUSES
 DUE TO (b) Abdominal Neck Fracture 7 days
 DUE TO (c)
 2. OTHER SIGNIFICANT CONDITIONS Contributing to death but not related to disease or condition causing death.

19a. MAJOR FINDINGS OF OPERATION
 20. AUTOPSY? YES NO
 21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Local Residence
 21b. (CITY, VILLAGE OR TOWNSHIP) (COUNTY) (STATE) Ely Minnesota
 21c. INJURY OCCURRED While at Work Not While At Work
 21d. HOW DID INJURY OCCUR? Fall just outside the door onto ground. (O.E. Snyder, M.D., 6-19-52)

I hereby certify that I attended the deceased from 4/27, 1952, to 5/3, 1952, that I last saw the deceased on 5/3, 1952, and that death occurred at 12:15 P.M., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) O.E. Snyder M.D.
 23b. ADDRESS Ely, Minnesota
 23c. DATE SIGNED 5/5/52
 24. CREMATION (Specify) no
 24a. DATE 5-6-52
 24b. NAME OF CEMETERY OR CREMATORY Ely Cemetery
 24c. LOCATION (City, village or county) (State) Ely Minn
 25. SIGNATURE OF FUNERAL DIRECTOR OR EMBALMER ADDRESS Esther Bowling L.B. Paulson Ely, Minn

Signature of Sub-Registrar: May 6 1952
Burial or removal permit issued