

County of *Blue Earth*

Township of .....

OR

Village of *Good Thunder*

OR

City of .....

(No. ....)

St. ....

Registered No. *7*

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME *Louis William Polchow*

## PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR *White*DATE OF BIRTH (Month) (Day) (Year)  
*March 14 1881*AGE *31* years, *4* months, *30* daysSINGLE, MARRIED, WIDOWED, OR DIVORCED  
*Married*AGE AT MARRIAGE, NUMBER OF CHILDREN } If married, age at (first) *21* marriage  
Parent of *1* children, of whom *1* are livingBIRTH PLACE (State or Country)  
*Mankato Minn*OCCUPATION  
*Barber*NAME OF FATHER  
*Fred Polchow*BIRTH PLACE OF FATHER (State or Country)  
*Germany*MAIDEN NAME OF MOTHER  
*Minnie Schultz*BIRTH PLACE OF MOTHER (State or Country)  
*Germany*

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) *Herman H. Polchow*(Address) *Good Thunder Minn*

## CERTIFICATE OF DEATH

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH *Aug 15* 19*12*  
(Month) (Day) (Year)I attended deceased from *Aug 15* 19*12* to *Aug 15* 19*12*, I last saw him alive on *Aug 15* 19*12*, and I HEREBY CERTIFY that death occurred on the date above at *9:10* M. The DISEASECAUSING DEATH } MEANS OF DEATH\* } was } Duration in Yrs., Months, Days, or Hours  
(Death from violence)*Chronic Brights disease 2 yrs*  
Resulting in or Aided by: *cardiac enlargement 9 mos*(Signed) *J. I. Schlesselman* M. D.  
*Aug 16* 19*12* (Address) *Good Thunder*

\*State how injury occurred and whether Accidental Suicidal Homicidal

## SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual Residence ..... How long at place of death? ..... days

Where was disease contracted, if not at place of death .....

PLACE OF BURIAL OR REMOVAL *Mankato* DATE OF BURIAL *Aug 18* 19*12*UNDERTAKER *Wm Meyer* ADDRESS *Good Thunder*Filed *Aug 21* 19*12* *H. S. Mickel*Address *Good Thunder Minn* Registrar