

State of Minnesota,

County of Stearns.

NO INCOMPLETE RETURN WILL
BE ACCEPTED.

NO. OF RECORD

NO. OF BURIAL PERMIT

Town, Village or City of Sank Center

2. COLOR White.
Black (negro or mixed).
Indian.

5. DATE OF DEATH Year 1906
Month Mar
Day 7

8. OCCUPATION (Return occupation for all persons 10 yrs. of age and over)

9. PLACE OF BIRTH (State or Country) Camden, Georgia

11. BIRTHPLACE OF FATHER (State or Country) Georgia

13. FULL MAIDEN NAME OF MOTHER Laura Annara McLauchlan

14. LATE RESIDENCE Sank Center

NAME OF UNDERTAKER Pease

PLACE OF INTERMENT I. O. F. Cemetery

15. MEDICAL CERTIFICATE OF CAUSE OF DEATH:

CHIEF CAUSE Apoplexy

CONTRIBUTING CAUSE Highly phaged by Miltal Regurgitation

PLACE WHERE DISEASE WAS CONTRACTED Sank Center

SIGNATURE A. J. Mopman
(Of Physician or Licensed)

SIGNATURE Harold Lamb
(Of Clerk of Health (State))

DATE OF CERTIFICATE

1. NAME (in full) John Franklin Dinsend

3. SEX Male.
Female.

6. OF BIRTH Year 1856

Month July

Day 29

10. BIRTHPLACE OF MOTHER (State or Country) New York

12. FULL NAME OF FATHER John Dinsend

Length of Residence (in City or Town) 20 years

Address Sank Center

4. CONJUGAL RELATION
Single
Married
Widowed
Divorced
Years 49
Months 7
Days 0

DURATION

Sank Center
(Address of Physician or Licensed)
Sank Center
(Address of Clerk of Health (State))