

STATE OF MINNESOTA

Division of Vital Statistics

13047

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County St. Louis
 Township French
 or
 Village
 or
 City No (If death occurred in a hospital or institution, give its NAME instead of street and number)

Reg. District No. _____ No. in Registration Book _____
 (Above numbers to be filled in only by local registrar or his deputy.)

2 FULL NAME

Joseph Tortugue
 (2) Residence No. Thomas Township, Hibbing Minn. (If nonresident give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (WRITE the word) Widowed
 6a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth
 6 DATE OF BIRTH (month, day, and year) not known
 7 AGE Years Months Days If LESS than 1 day, hrs. or min. about 66
 8 OCCUPATION OF DECEASED
 (a) Trade, Profession, or particular kind of work Common Laborer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27, 1927
 17 I HEREBY CERTIFY, That I attended deceased from CORONER'S CASE
 that I last saw h. alive on _____ 19 _____
 and that death occurred on the date stated above, at _____
 The CAUSE OF DEATH* was as follows:
Bruise - General
accidental from
falling of home
 duration yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

18 Where was disease contracted (duration) yrs. mos. ds.
 if not at place of death?
 Did an operation precede death? No Date of _____
 Was there an autopsy? No

What test confirmed diagnosis?
J. M. Bullen, M.D.
by Coroner Hibbing

* 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.)

9 BIRTHPLACE (city or town) (State or country) Hibbing, Minnesota
 10 NAME OF FATHER Joseph Tortugue
 11 BIRTHPLACE OF FATHER (City or town) (State or country) France
 12 MAIDEN NAME OF MOTHER Jessie Vermet
 13 BIRTHPLACE OF MOTHER (City or town) (State or country) France

14 Informant (Address) Maxime Tortugue, Hibbing Minn.
 15 Filed Nov 12, 1927 Geology REGISTRAR

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Hibbing Minn. DATE OF BURIAL Oct 28, 1927
 20 SIGNATURE J. M. Bullen ADDRESS Hibbing

Received NOV 15 1927

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1927 10 27