

STATE OF MINNESOTA

DEPARTMENT OF HEALTH

MAR 5 1920 Registered No. 9

City _____ St. _____ Ward _____

FULL NAME *Edgar Hemick*

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>Male</i>	COLOR OF HAIR <i>White</i>	HAIR, EYES, NOSE, MOUTH, OR OTHERS (With the word) <i>Grass</i>
DATE OF BIRTH <i>Sept 29, 1848</i>	AGE <i>71</i> <i>4</i> <i>20</i>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH *Feb 19, 1920*

I HEREBY CERTIFY, That I attended deceased from *Aug 20, 1919*, to *Feb 19, 1920*, and that death occurred, on the date stated above, at *24* in. The CAUSE OF DEATH* was as follows:

OCCUPATION
 (a) Trade, profession or particular kind of work: *Fanner*
 (b) General nature of industry, business or institution in which engaged (employer):

RESIDENCE (Street or address): *Ohio*

PLACE OF BIRTH: *Sumner, Minn.*

RESIDENCE OF DECEASED: *Ohio*

NAME OF PHYSICIAN: *Salome Benedict*

ADDRESS TO WHICH COPIES OF THIS CERTIFICATE SHOULD BE SENT: *Ohio*

NAME AND ADDRESS OF NEXT OF KIN: *Mr. Ed Hemick, Hastings, N.D.*

DATE OF INTERMENT: *Feb 21, 1920*

79
Cardiac Dehydration

CAUSE OF DEATH (Secondary): *Chronic Gastritis*
1 3
Still
No 20, 1920 *Reading*

PLACE OF BURIAL OR INTERMENT: *Maple Grove*

DATE OF BURIAL: *Feb 22, 1920*

NAME OF MINISTER: *E. J. Marsh*