

MARSHAL...
 N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 PLACE OF DEATH

STATE OF MINNESOTA

Division of Vital Statistics

10940

County Otter Tail

CERTIFICATE OF DEATH

1 Township H. R.

Reg. District No. _____ No. in Registration Book 410
 (Above numbers to be filled in only by local registrar or his deputy.)

Village _____

City Fergus Falls, Minn. No. _____

State Hospital

St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John S. Belknap

(2) Residence. No. St. Louis County St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 11 yrs. 9 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX male 4 COLOR OR RACE white 5 Single, Married, Widowed, or Divorced (WRITE the word) widower

16 DATE OF DEATH (month, day, and year) Apr. 15, 1926

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

17 I HEREBY CERTIFY, That I attended deceased from 1-26-31 19____, to 4-15-26, 19____, that I last saw him alive on 4-14-26, 19____

6 DATE OF BIRTH (month, day, and year) 1841

and that death occurred on the date stated above, at 2:45 A.m. The CAUSE OF DEATH* was as follows:

7 AGE Years Months Days If LESS than 1 day, hrs or min. 85

Chronic Interstitial Nephritis

8 OCCUPATION OF DECEASED

(a) Trade, Profession, or particular kind of work Land Promotor, duration yrs. mos. ds.
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

CONTRIBUTORY (SECONDARY)

9 BIRTHPLACE (city or town) (State or country) New York

18 Where was disease contracted _____ (duration) yrs. mos. ds.
 If not at place of death? _____

10 NAME OF FATHER Leazer Belknap

Did an operation precede death? NO Date of _____

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

Was there an autopsy? _____

12 MAIDEN NAME OF MOTHER Louisea MacDowell

What test confirmed diagnosis? H. L. Meng, M. B.
 (Signed) _____
4-15-26, 19 (Address) Fergus Falls, Minn.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

* 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.)

14 Informant St. Hosp. records,
 (Address) Fergus Falls, Minn.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL Rem
Cremation at Minneapolis
Ashes buried Paw Paw, Mich April 17, 1926

15 Filed 27, 1926 J. H. Vogel M.D.
 REGISTRAR

20 UNDERTAKER ADDRESS
E. T. Barnard, Fergus Falls, Minn

Received MAY 5 1926

Sub-Registered

18

Received

Courtesy of Cynthia Richardson, Wilmette, IL