

168

MINNESOTA DEPARTMENT OF HEALTH
Section of Vital Statistics
CERTIFICATE OF DEATH

11107

1. PLACE OF DEATH: STATE OF MINNESOTA
a. COUNTY: Mahnomon
b. CITY, VILLAGE OR TOWNSHIP: Mahnomon
c. LENGTH OF STAY: 4 years
d. NAME OF HOSPITAL OR INSTITUTION: at his home
e. PLACE OF DEATH INSIDE CORPORATE LIMITS? YES NO

3. NAME OF DECEASED: BENEDIKT L. WALZ
6. COLOR OR RACE: White
7. MARRIED OR NEVER MARRIED: MARRIED
8. DATE OF BIRTH: Feb. 22, 1890
9. AGE (in years if under 1 year; if under 94 hrs. last birthday): 74
10a. USUAL OCCUPATION: Farming
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (State or foreign country): Jaynesville, Minnesota
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Joseph Walz
13b. MOTHER'S MAIDEN NAME: Mary Kichner
14. SPOUSE'S NAME: Elizabeth Flottesmesch Walz
17. INFORMANT'S OWN SIGNATURE: Mrs Ben & Mary Mahnomon
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
a. YES NO
b. YES NO
c. YES NO

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CORONARY THROMBOSIS
DUE TO (b) CORONARY ATHEROSCLEROSIS
DUE TO (c) CHRONIC
19. DATE OF OPERATION: 8/22/64
20. ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY):
20a. ACCIDENT, SUICIDE OR HOMICIDE OCCURRED: (Enter nature of injury in Part II or Part III of item 18.)
20b. DESCRIBE HOW INJURY OCCURRED:
20c. TIME OF INJURY: Hour, Month, Day, Year
20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street office bldg., etc.)
20e. PLACE OF INJURY: Mahnomon, Minn
20f. CITY, VILLAGE OR TOWNSHIP: Mahnomon, Minn
20g. COUNTY: Mahnomon, Minn
20h. STATE: Minn
20i. MAJOR FINDINGS OF OPERATION: CHRONIC
20j. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I (a):
20k. DATE OF OPERATION: 8/22/64
20l. TIME OF OPERATION: 7:30 p.m.
20m. PLACE OF OPERATION: Mahnomon, Minn
20n. CITY, VILLAGE OR TOWNSHIP: Mahnomon, Minn
20o. COUNTY: Mahnomon, Minn
20p. STATE: Minn
20q. MAJOR FINDINGS OF OPERATION: CHRONIC
20r. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I (a):
20s. DATE OF OPERATION: 8/22/64
20t. TIME OF OPERATION: 7:30 p.m.
20u. PLACE OF OPERATION: Mahnomon, Minn
20v. CITY, VILLAGE OR TOWNSHIP: Mahnomon, Minn
20w. COUNTY: Mahnomon, Minn
20x. STATE: Minn
20y. MAJOR FINDINGS OF OPERATION: CHRONIC
20z. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I (a):

21. I certify I attended the deceased from and that I saw the deceased alive on 8/31/64
22a. SIGNATURE: Chymiel no
22b. DATE SIGNED: 9/9/64
23. BURIAL CREMATION: Burial
23a. NAME OF CREMATOR: St. Michael's Catholic Cem.
23b. LOCATION (City, village or county): Mahnomon, Minnesota
23c. DATE RECEIVED BY LOCAL REG: Sept. 12, 1964
23d. REGISTRAR'S SIGNATURE: Label Withrow
23e. SIGNATURE OF MORTICIAN OR FUNERAL DIRECTOR: Kenneth Mattson
23f. ADDRESS: 1065 Mahnomon, Minnesota

WRITE PLAINLY, WITH LEADING BLACK INK
MARGIN RESERVED FOR BINDING
RECD OCT 14 1964
1-13-158

440
440
4201
4201

Signature of Sub-Registrar: Kenneth Mattson
Date: 9/9/64