

Department of Health—Bureau of Vital Statistics  
COPY OF DEATH RECORD

1. PLACE OF DEATH

County Milwaukee  
Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
City Milwaukee

Registered No. 375

No. Co. Emerg. Hosp. St. 16 Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

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.

2. FULL NAME Dou Marian

(a) Residence: No. 816 No. 5th St. 4 Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and state)

Did deceased serve in the military or naval forces of the United States? Unknown  
(Yes or No)

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Married

21. DATE OF DEATH (month, day, and year) Jan. 18 19 33

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mae Marian

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18 19 33 to Jan. 18 19 33

I last saw him alive on Jan. 18 19 33 death is said to have occurred on the date stated above, at 7:50 P.M.

6. DATE OF BIRTH (month, day and year) -- --

7. AGE Years Months Days If LESS than 1 day, hrs. or min. about 45

The principal cause of death and related causes of importance in order of onset were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bartender

Ruptured Esophageal Varix 1/18/33

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -- --

10. Date deceased last worked at this occupation (month and year) Jan. 1933 11. Total time (years) spent in this occupation Governor

Contributory causes of importance not related to principal cause: Cirrhosis of Liver, Chronic

12. BIRTHPLACE (city or town) (State or country) ?

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clin. Was there an autopsy? No

17. INFORMANT Coroner's Office (Address)

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_ Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL Place St. Oliver Cem. Date Jan. 23, 1933

19. UNDERTAKER Briden Funeral Home (Address) Milw.

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

20. FILED Jan. 22 19 33 J.P. Koehler Registrar

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

FILED \_\_\_\_\_, 19\_\_\_\_ Sub-Registrar.

(Signed) Harold E. Cook M. D. (Address) 530 N. La. Av.