Certification on reverse side

Division of Vital Statistics

CERTIFICATE OF DEATH

REGISTERED NO. 54

WRITE PLAINLY, WITH UNFADING BLACK INK
MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: STATE OF MINNESOTA
a. COUNTY: Olmsted
b. TOWNSHIP OR:
c. CITY OR VILLAGE: Rochester
e. LENGTH OF STAY (in this district): 10 days
d. NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: St. Marys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Wyoming
b. COUNTY: Sublette
c. TOWNSHIP OR:
d. CITY OR VILLAGE: Big Piney — Is residence within its corporate limits? YES ☐ NO ☐
e. P. O. ADDRESS: Big Piney, Wyoming Box 87 ST.

3. NAME OF DECEASED (Type or Print): a. (First) James; b. (Middle); c. (Last) Bertram

4. DATE OF DEATH: (Month) July (Day) 9 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: June 27, 1891

9. AGE (In years last birthday): 61
If Under 1 Year: Months; Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): carpenter

10b. KIND OF BUSINESS OR INDUSTRY: carpenter

11. BIRTHPLACE (State or foreign country): Wyoming

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Bertram

13b. MOTHER'S MAIDEN NAME: unknown

14. SPOUSE'S NAME: Florence King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ---

17. INFORMANT'S OWN SIGNATURE: George P. Sayre, Mayo Clinic Records
ADDRESS: Rochester, Minnesota

MEDICAL CERTIFICATION

18. Enter only one cause on lines (a), (b) and (c).

**(Give disease, injury or complication which was the IMMEDIATE CAUSE of death, and mode of dying, as heart failure, asphyxia, etc.*

1. DISEASE OR CONDITION LEADING DIRECTLY TO DEATH* (a): Metastases to liver — TIME BETWEEN ONSET & DEATH: --

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of stomach — --
DUE TO (c):

2. OTHER SIGNIFICANT CONDITIONS *Contributing to death but not related to disease or condition causing death.*

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, VILLAGE OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED While at Work ☐ Not While At Work ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 30, 1952, *to* July 9, 1952, *that I last saw the deceased alive on* July 9, 1952, *and that death occurred at* 2:55 P. M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George P. Sayre, M.D.
In/for Mayo Clinic
23b. ADDRESS: Rochester, Minnesota
23c. DATE SIGNED: 7-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: July 10-1952
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, village or county) (State): Big Piney Wyoming

DATE FILED BY LOCAL REG.: 7-11-52
REGISTRAR'S SIGNATURE: Edna McGovern-Deputy
25. SIGNATURE OF FUNERAL DIRECTOR OR EMBALMER: Paul R. Cronin
ADDRESS: Rochester, Minn.

Signature of Sub-Registrar: Paul R. Cronin

Burial or removal permit issued: July 10, 19 52