MARGIN RESERVED FOR BINDING

Write Plainly With Unfading Ink—This is a Permanent Record

STATE OF WISCONSIN

Department of Health—Bureau of Vital Statistics

COPY OF DEATH RECORD

Page No. 77
(To be filled out by the Register of Deeds)

1 PLACE OF DEATH

County: Barron
Township: Turtle Lake
or Village: —
or City: — (No. ... St. ... Ward)

2 FULL NAME: Mary Leisz

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 Sex: Female — 4 Color or Race: White — 5 Single, Married, Widowed or Divorced (Write the word): Widowed	16 Date of Death: July 31, 1918 (Month) (Day) (Year)
6 Date of Birth: June 16 1840 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1918, to July 31, 1918, that I last saw her alive on July 30, 1918, and that death occurred on the date stated above, at 10.30 pm.
7 Age: 78 yrs. 1 mos. 15 ds. — If LESS than 1 day, ... hours or ... min.?	The CAUSE OF DEATH* was as follows: Arteria Sclerosis
8 Occupation (a) Trade, profession, or particular kind of work: Housewife	(Duration) 15 yrs. ... mos. ... ds.
(b) General nature of industry, business or establishment in which employed (or employer): House Keeper	Contributory (Secondary): apoplexy (Duration) ... yrs. 9 mos. ... ds.
9 Birthplace (State or country): Hungaria	(Signed) G. F. Tanner [illegible], M.D.
Parents — 10 Name of Father: Schmidt	Aug 1, 1918 (Address) Turtle Lake Wis
11 Birthplace of Father (State or country): Hungaria	*State the disease causing death, or in deaths from violent causes state (1) means of injury; (2) whether accidental, suicidal or homicidal.
12 Maiden Name of Mother: unknown	18 Length of Residence (For hospitals, institutions, transients, or recent residents) At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds. Where was disease contracted, if not at place of death? Former or usual residence
13 Birthplace of Mother (State or country): Hungaria	19 Place of burial or removal: Turtle Lake, St. Anns. Cem. — Date of burial: Aug 2 1918
14 The above is true to the best of my knowledge (Informant): Tony Leisz (Address): Turtle Lake Wis	20 Undertaker: G. H. Bre[illegible] — Address: Turtle Lake Wis
15 Filed Aug 6 1918 August Meyer, Registrar. Filed ... 191... Sub-Registrar	

This record has a raised s[...]s illegal to copy it unless specifically auth[...] by Wisconsin Statute 69.24.