FORM H4 10M

Department of Public Welfare --- Division of Public Health

Office of the Local Registrar Vital Statistics

MINNEAPOLIS, MINNESOTA

CITY HALL,

12/26/35

A Certificate as Required by Law Having Been Filed, Permission is Hereby Granted for the Proper Disposition of the Remains of:

Effie Andrick Female AGE NAME 67 SEX 3133 Pleasant Ave. PLACE OF DEATH NATIVITY Indiana 12/25/35 SOCIAL STATE Married DATE OF DEATH Carcinoma of breast CAUSE OF DEATH MED. ATTENDANT Robert Ramsay DATE 12/27/35 Palestine, Ind. DISPOSITION ADDRESS Mpls. NO 1252 Earl Funeral Home FUNERAL DIR. PERMIT 6355 No. J COMMISSIONER OF HEALTH AND LOCAL REGISTRAR