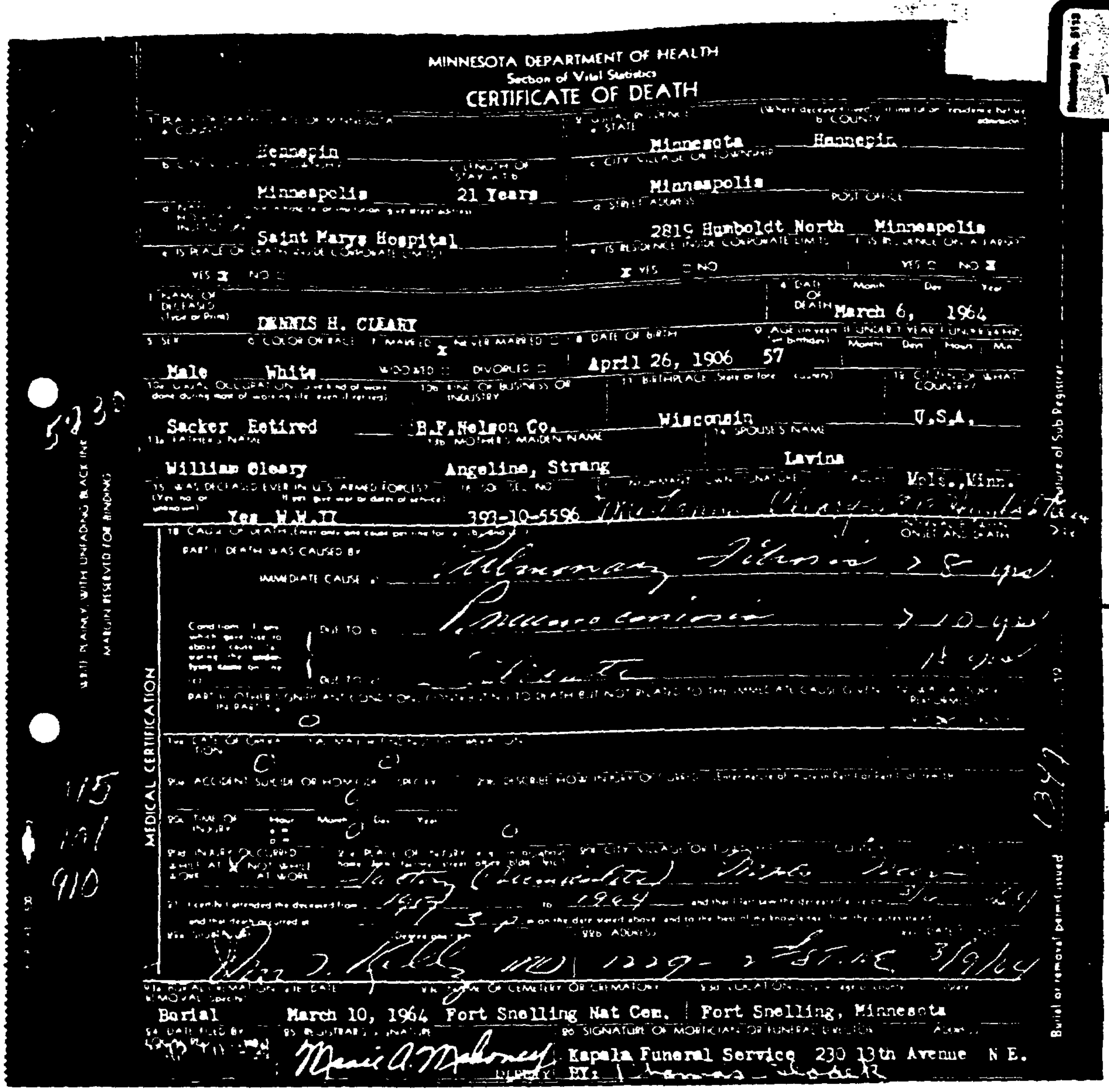
PLAINTIFF'S EXHIBIT
WRG-424



MINNESOTA DEPARTMENT OF HEALTH
Section of Vital Statistics

CERTIFICATE OF DEATH

WRITE PLAINLY WITH UNFADING BLACK INK
MARGIN RESERVED FOR BINDING

1. Place of death: a. County: Hennepin
b. City: Minneapolis — c. Length of stay: 21 Years
d. Name of hospital or institution: Saint Marys Hospital
e. Is place of death inside corporate limits? YES ☒ NO ☐

2. Usual residence: a. State: Minnesota — b. County: Hennepin
c. City, village or township: Minneapolis
d. Street address: 2819 Humboldt North — Post office: Minneapolis
e. Is residence inside corporate limits? ☒ YES ☐ NO — f. Is residence on a farm? YES ☐ NO ☒

3. Name of deceased (Type or Print): DENNIS H. CLEARY
4. Date of death: March 6, 1964
5. Sex: Male
6. Color or race: White
7. Married ☒ Never married ☐ Widowed ☐ Divorced ☐
8. Date of birth: April 26, 1906
9. Age (in years last birthday): 57
10a. Usual occupation: Sacker Retired
10b. Kind of business or industry: B.F.Nelson Co.
11. Birthplace (State or foreign country): Wisconsin
12. Citizen of what country? U.S.A.
13a. Father's name: William Cleary
13b. Mother's maiden name: Angeline, Strang
14. Spouse's name: Lavina
15. Was deceased ever in U.S. armed forces? Yes W.W.II
16. Social Security No.: 393-10-5596
17. Informant: Mrs Lavina Cleary — Address: Mpls., Minn.

MEDICAL CERTIFICATION

18. Cause of death
Part I. Death was caused by:
Immediate cause (a): Pulmonary Fibrosis — 2-5 yrs
Due to (b): Pneumoconiosis — > 10 yrs
Due to (c): Silicosis — 15 yrs
Part II. Other significant conditions: 0
19. Autopsy: 0
20a. 0 — 0
20b. Accident, suicide or homicide: 0
20c. Time of injury: 0 — 0
20d. Injury occurred: While at work ☐ Not while at work ☒
20e. Place of injury: Factory (Cumulative)
20f. City, village or township: Mpls — Minn
21. I certify that I attended the deceased from 1957 to 1964 and that I last saw the deceased alive on 3/6/64 and that death occurred at 3 p.m. on the date stated above, and to the best of my knowledge from the causes stated.
22a. Signature: MD — 22b. Address: 1229 - 2 St. NE — 22c. Date signed: 3/9/64

23a. Burial, cremation, removal: Burial
23b. Date: March 10, 1964
23c. Name of cemetery or crematory: Fort Snelling Nat Cem.
23d. Location: Fort Snelling, Minnesota
24. Date filed by local registrar: [illegible]
25. Registrar's signature: Marie A. Maloney
26. Signature of mortician or funeral director: Kapala Funeral Service — Address: 230 13th Avenue N E.
DEPUTY BY: Thomas [illegible]

Signature of Sub Registrar
Burial or removal permit issued

5230
115
191
910
(37)