

NOV 4 5 1953

Recorded at _____ O'clock _____ M.
Reception 1167786 Ann Spomer, Record &STATE OF COLORADO)
: ss.
COUNTY OF WELD)A F F I D A V I T

CHARLES A. KAROWSKY, of lawful age, being first duly sworn upon oath, deposes and says:

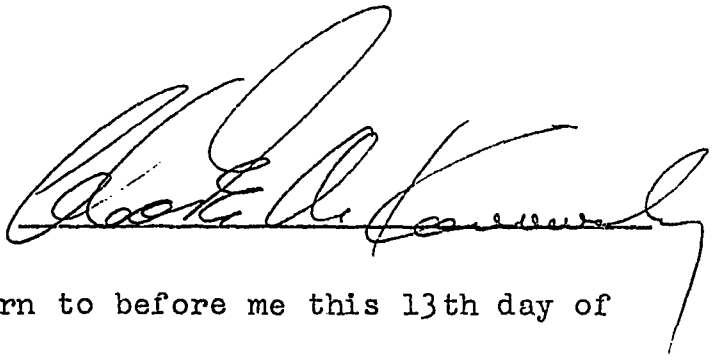
That he was personally acquainted with Jacob J. Held, also known as J. J. Held, during his lifetime.

That the said Jacob J. Held was the owner in joint tenancy with Margaret Mae Held of

The Southeast Quarter (SE $\frac{1}{4}$) of Section Eight (8), Township Four (4) North, Range Sixty-five (65) West, of the 6th P.M., Weld County, Colorado,

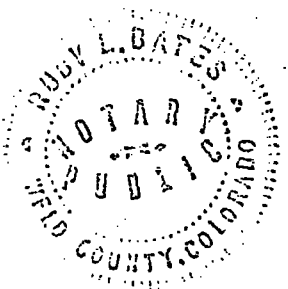
by virtue of Warranty Deed dated March 19, 1951 and recorded March 21, 1951 in Book 1298 at page 259, Weld County Records; that Affiant knows of his own knowledge that the Jacob J. Held named in the attached State of Colorado Standard Certificate of Death and the Jacob J. Held named in the above described Deed are one and the same person.

Affiant further says that he has no personal interest in the above described real property.



Subscribed and sworn to before me this 13th day of November, A.D. 1953.

My commission expires: September 14, 1955



Ruby L. Bates
Notary Public

FEDERAL SECURITY AGENCY
U. S. Public Health ServiceSTATE OF COLORADO
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 332 Dist. 238

Form V.S. No. 16

1. PLACE OF DEATH A. COUNTY <u>Weld</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). A. STATE <u>Colorado</u> B. COUNTY <u>Weld</u>	
B. CITY OR TOWN <u>Greeley</u>	C. LENGTH OF STAY (in this place)	C. CITY OR TOWN <u>LaSalle-Rural</u>	D. STREET ADDRESS <u>2-1/2 miles Southeast</u> (If rural, give location)
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Weld County Hospital</u>		E. DATE (Month) (Day) (Year) OF DEATH <u>September 4, 1953</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jacob</u>	b. (Middle) <u>J.</u>	c. (Last) <u>Held</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 29, 1894</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Denhoff, Russia</u>
13. FATHER'S NAME <u>Jacob Held</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Schneider</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>MRS. MARGARET MAE HELD (Wife)</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular Hemorrhage</u> ANTECEDENT CAUSES DUE TO (a) <u>Essential Hypertension</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>M</u>	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>8-27, 1953</u> , to <u>9-4, 1953</u> , that I last saw the deceased alive on <u>9-4, 1953</u> , and that death occurred at <u>5:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>ROBERT T. PORTER</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Greeley, Colorado</u>	23c. DATE SIGNED <u>9-4-53</u>
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-8-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Linn Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Greeley, Colorado</u>
DATE REC'D BY LOCAL REG. <u>9-8-1953</u>	REGISTRAR'S SIGNATURE <u>ELLA A. MEAD, M.D.</u>	25. FUNERAL DIRECTOR ADDRESS <u>MACYS: John Allnutt, Greeley, Colorado</u>	

I, ELLA A. MEAD, M.D., Local Registrar of Vital Statistics for the County of Weld, State of Colorado, do hereby certify that the above is a full, true, and correct copy of the record of death of Jacob J. Held in my custody, and now on file in my office.

Given under my hand and seal this 10th day of September, 1953.
ELLA A. MEAD, M.D. (SEAL)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD