



Minnesota Population Center
University of Minnesota

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Form for the Deceased

(Jan.1,1989—June 30,1990)

Attached form of 1990 population census

Only for the dead people

Remarks:

Address _____ County(city/district) _____ Township(town/street committee) _____ Census Area _____

Each person						Persons aged 6 and 6+	Persons aged 15 and over	
1.Serial No. of ED&HH No.	2.Name	3.Sex	4.Nation- ality	5.Date of birth	6.Date of death	7.Educational level	8.Marital status at the time of death	9.Occupation before death
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. M 2. F	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Born in the year _____ month _____	Dead at year _____ month _____	1.illiterate & semi- illiterate 2.primary 3.junior middle 4.senior middle 5.technical secondary 6.junior college 7.university <input type="checkbox"/>	1.never married 2.married 3.widowed 4.divorced <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. M 2. F	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Born in the year _____ month _____	Dead at year _____ month _____	1.illiterate & semi- illiterate 2.primary 3.junior middle 4.senior middle 5.technical secondary 6.junior college 7.university <input type="checkbox"/>	1.never married 2.married 3.widowed 4.divorced <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. M 2. F	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Born in the year _____ month _____	Dead at year _____ month _____	1.illiterate & semi- illiterate 2.primary 3.junior middle 4.senior middle 5.technical secondary 6.junior college 7.university <input type="checkbox"/>	1.never married 2.married 3.widowed 4.divorced <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. M 2. F	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Born in the year _____ month _____	Dead at year _____ month _____	1.illiterate & semi- illiterate 2.primary 3.junior middle 4.senior middle 5.technical secondary 6.junior college 7.university <input type="checkbox"/>	1.never married 2.married 3.widowed 4.divorced <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. M 2. F	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Born in the year _____ month _____	Dead at year _____ month _____	1.illiterate & semi- illiterate 2.primary 3.junior middle 4.senior middle 5.technical secondary 6.junior college 7.university <input type="checkbox"/>	1.never married 2.married 3.widowed 4.divorced <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Enumeration _____ Date _____ Month _____ Day _____ Checker _____ Date _____ Month _____ Day _____ Supervisor _____