

Sub-Registrar

1. PLACE OF DEATH

STATE OF MINNESOTA

Division of Vital Statistics

CERTIFICATE OF DEATH

County. Becker

Township or

Village. Lake Park

City No.

Reg. District No. No. in Registration Book 8

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Albert Bernhard WAHL

108

(2a) Residence, No. St. Ward

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (month, day, and year) Dec 31st 19 37

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tillie Wahl

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 19 37 to Dec. 31, 19 37

I last saw him alive on Dec. 31, 19 37 death is said to have occurred on the date stated above, at 9. P. M.

6. DATE OF BIRTH (month, day, and year) Dec. 7th 1888

The PRIMARY UNDERLYING CAUSE of death was

7. AGE Years 19 Months 0 Days 4 If LESS than 1 day, hrs. or min.

1 Right Lobar pneumonia unresoloved and partial collapse of right lung Duration 5 weeks

8. Trade, profession, or particular kind of work done, as engineer (type of) miner, sawyer, bookkeeper, etc. Plasterer

Contributory causes of importance in order of onset:

9. Industry or business in which work was done, as railway, mine (kind of) saw mill, bank, etc.

(1) Obstr pneumonia Left lower lobe Duration 4 days

10. Date deceased last worked at this occupation (month and year) Nov. 26th 1937

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Minnessota

13. NAME (Print) Martin Wahl

14. BIRTHPLACE (city or town) (State or country) Norway

15. MAIDEN NAME (Print) Mary Nyhus

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Mrs. Albert Wahl (Address) Lake Park, Minn.

18. BURIED AT Hitterdal, Minn. Jan. 5 38 OR REMOVED TO (Cremation—No. Yes)

19. UNDERTAKER Theron E. Vigen (Address) Lake Park, Minn.

20. Filed 1/3 - 1938 Victor H. Wahl Registrar.

Did an operation precede death? no

If so, state condition for which it was undertaken

Date of operation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NO Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W. Moberg M. D.

1/2 1938 (Address) Lake Park, Minn.

Exact statement of OCCUPATION is very important.

NOT FOR CERTIFICATION

50

1938

Received Jan 7 1938