

IX Bks. ①
 1. PLACE OF DEATH
 County Clay
 Township _____
 Village or _____
Ulen
 City _____ No. _____ St. _____ Ward _____

STATE OF MINNESOTA
 Division of Vital Statistics
 CERTIFICATE OF DEATH

275-284
 Sub-Registrar

Reg. District No. _____ No. in Registration Book 4
 (Above numbers to be filled in only by local registrar or his deputy)

FULL NAME Anna Bergethe Melbye
 (Please PRINT names in capitals)

(2) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 71 yrs. mos. ds.
 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed 21. DATE OF DEATH (month, day, and year) October 11th 1937

22. I HEREBY CERTIFY, That attended deceased from Sept 10 1937 to Oct 11 1937
 I last saw her alive on Oct 11 1937; death is said to have occurred on the date stated above, at 4.25 P. M.

3. DATE OF BIRTH (month, day, and year) Jany. 20th 1855

Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>82</u>	<u>8</u>	<u>21</u>	

6. Trade, profession, or particular kind of work done, as engineer (type of miner, sawyer, bookkeeper, etc.) None

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

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. PLACE (city or town) (State or country) Norway

10. NAME (Print) Unknown

12. PLACE (city or town) (State or country) Norway

13. NAME (Print) Unknown

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

15. REGISTRAR Arnt E. O. Melbye
Ulen, Minn.

16. DECEASED AT Ulen, Minn. Date 10/15 1937
 (Cremation—No. YES)

17. REGISTRAR Theron E. Vigen
Lake Park, Minn.

18. Date Oct 15, 1937 E. M. Hansson
 Registrar.

The PRIMARY UNDERLYING CAUSE of death was acute dilatation of heart
 Duration 3 hours
 Contributory causes of importance in order of onset:
 (1) untreated anemia Duration 30 yrs.
 (2) _____
 (3) _____

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? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) [Signature], M. D.

10/12 1937 (Address) Ulen

Theron E. Vigen
 Received Oct 18 1937

NOV 19 1937