

PLACE OF DEATH

Hennepin

STATE OF MINNESOTA

Division of Vital Statistics

19687  
2650

CERTIFICATE OF DEATH

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

Mpls

No.

3925 Elliot Ave.

St.,

Ward

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

Christian H. Melby

3925 Elliot Ave.,

St., Ward

(If nonresident give city or town and State)

No. of weeks in city or town where death occurred

yrs.

8 mos.

ds.

How long in U. S., if of foreign birth? 34 yrs. 122 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1 COLOR OR RACE 5 Single, Married, Widowed, or Divorced (WRITE the word)

White Married

Widowed, or divorced  
Wife of Lizze Melby

DATE OF BIRTH (month, day, and year) Oct 30 1860

Years	Months	Days	If LESS than 1 day, hrs or min.
66	8	16	

Occupation of DECEASED  
Tailor

Establishment, or place of work  
Dahle & Co.  
Bismark N.D.

PLACE (city or town) (State of country)  
Norway

NAME OF FATHER Hans Melby

PLACE OF FATHER (city or town) (State of country)  
Norway

MARITAL NAME OF MOTHER Marie Unknwon

PLACE OF MOTHER (city or town) (State of country)  
Norway

Mrs. C.H. Melby  
3925 Elliot Ave.

REGISTRAR  
Sundseth's

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16 1927

17 I HEREBY CERTIFY, That I attended deceased from  
Thurs 15 1927, to Sat 16 1927  
that I last saw him alive on Tues 15 1927  
and that death occurred on the date stated above, at 5:30 P m.  
The CAUSE OF DEATH\* was as follows:

Decomposition of Heart  
Chronic Valvular Regurgitation

CONTRIBUTORY (SECONDARY)  
Emphysema of Lungs (alcoholic)

18 Where was disease contracted  
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?  
(Signed) Ste Jensen, M. D.  
19 (Address) 4111 1/2 Ave

\* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL  
Crystal Lake Cemetery 7/20/27 19

20 URBERTAKER  
Sundseth's  
ADDRESS  
Mpls

Sub-Registrar  
Received 19