

# CERTIFICATE OF DEATH

Register No. 130

PLACE OF DEATH

COUNTY OF HENNEPIN  
CITY OF MINNEAPOLIS

## City of Minneapolis

Department of Health—Division of Vital Statistics

If death occurred in a Hospital or Institution, give its NAME instead of Street and Number.

WARD Surge

Place of Death University Hospital

Full Name Mrs Emma Wahl

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR or RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Write the word)

DATE OF BIRTH Feb 26, 1889  
(Month) (Day) (Year)

AGE 27 yrs. 1 mos. 26 days (if LESS than 1 day, hrs. min.?)

OCCUPATION  
(a) Trade, profession, or particular kind of work, Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or Country) Minnesota

NAME OF FATHER Rasmus Melby

BIRTHPLACE OF FATHER (State or Country) Norway

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or Country) Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Albert Wahl

Address Tragee St. N.D.

FILED APR 23 1915 1915  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 22, 1915  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 5, 1913, to Apr 22, 1915  
that I last saw her alive on Apr 22, 1915  
and that death occurred, on the date stated above, at 503

The CAUSE OF DEATH\* was as follows:  
Toxemia following suppurative adenitis of retroperitoneal glands  
(Duration) 2 yrs. 26 days

Contributory (SECONDARY) L. B. Salmon  
(Signed) L. B. Salmon M. D.  
423, 1915 (Address) U. S. Dept. of Health

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; (2) Whether Accidental, Suicidal or Homicidal.

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death 1 yrs. 6 mos. 16 days. In the State 27 yrs. 1 mos. 26 days.

Where was disease contracted, If not at place of death?  
Former or usual residence France - Union

PLACE OF BURIAL OR REMOVAL Hennepin  
Tragee St. N.D. DATE OF BURIAL Apr 24 1915

UNDERTAKER H. L. Enger ADDRESS 412 Cedar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOT FOR OFFICIAL USE

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C. J. C.

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