

1 PLACE OF DEATH

County Clay
 Township Goose Prairie
 or
 Village
 or
 City (No. St. Ward)

STATE OF MINNESOTA

Division of Vital Statistics

CERTIFICATE OF DEATH

2496

Reg. District No. 2260 No. in Registration Book 4
 (Above numbers to be filled in only by local registrar or his deputy.)

2 FULL NAME

Ernest Melby

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 Color or Race white 5 Single, Married, Widowed, or Divorced, (Write the word)

6 DATE OF BIRTH June 9th 1909
 (Month) (Day) (Year)

7 AGE 14 yrs. 10 mos. 5 ds. or mins.?
 If LESS than 1 day, hrs.

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

9 BIRTHPLACE (State or Country) Town of Hovusa

10 Name of Father John Melby

11 Birthplace of Father (State or Country) Norway

12 Maiden Name of Mother Kirsti Hougen

13 Birthplace of Mother (State or Country) Norway

14 The above is true to the best of my knowledge.
 (Informant) J. D. Bohm
 (Address) Ullens

15 Filed May 18 1917 M. Bohm Registrar.
 Address Hitterdal

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 14th Monday 1917
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from , 1917, to , 1917, that I last saw him alive on May 14, 1917, and that death occurred, on the date stated above, at m. The CAUSE OF DEATH+ was as follows:

Mitral insufficiency

Contributory Rheumatic Fever
 Secondary

(Signed) Ernest A. Peterson M. D.
5/15/17 (Address) Ullens

+State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL; and (3) Where was injury sustained if not at place of death?

18 LENGTH OF RESIDENCE (for Hospitals, Institutions, Transients, or Recent Residents)
 In district where death occurred yrs. mos. ds. State yrs. mos. ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Hitterdal DATE OF BURIAL May 16, 1917

20 UNDERTAKER O. S. Harvord ADDRESS Hitterdal

Received MAY 19 1917

READ INSTRUCTIONS ON BACK CAREFULLY
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
 PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Sub-Registrar