

MINNESOTA STATE DEPARTMENT OF HEALTH
Division of Birth and Death Records and Vital Statistics

11154

Dist. No. 55-33
To be inserted by registrar

CERTIFICATE OF DEATH

Registered No. 186

1 PLACE OF DEATH: STATE OF MINNESOTA
County Otter Tail
Township.....
Village.....
City Fergus Falls
No. Fergus Falls State Hospital St.
(If hospital or institution give its NAME instead of St. and No.)
Length of stay:
In hospital or institution 2 yrs. 4 mos. 13 days
In this community 2 yrs. 4 mos. 13 days

2 USUAL RESIDENCE OF DECEASED: { If an institution, give place of residence prior to admission
State Minnesota
County Clay
Township.....
Village.....
City Ulen 14
No..... St.
Is residence within limits of city or incorporated village? yes

3 FULL NAME Gilbert O. Fevig

4 (a) SOCIAL SECURITY NO. None 4 (b) IF VETERAN, NAME WAR No

5 SEX Male 6 COLOR OR RACE White 7 Single, Married, Widowed or Divorced (Write the word) Married

8 (a) If Married, Widowed or Divorced, NAME OF HUSBAND OR WIFE Hilda Fevig 8 (b) AGE if alive not obtain able Years

9 DATE OF BIRTH (month, day, year) 11-14-79

10 AGE Years 62 Months 8 Days 3 IF LESS than 1 day,hrs. or.....min.

11 USUAL OCCUPATION Farmer

12 INDUSTRY OR BUSINESS

13 BIRTHPLACE (City or Town) (State or Country) Filmore Co., Minn.

14 NAME Ole Fevig

15 BIRTHPLACE (City or Town) (State or Country) Minnesota

16 MAIDEN NAME Gunild Nordness

17 BIRTHPLACE (City or Town) (State or Country) Minnesota

18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant Werner H. Husted
Signature Werner H. Husted
Source: State Hospital Records
Address: Fergus Falls, Minnesota

19 Buried at Swiss Valley, N. or Removed to Swiss Valley, N. Date 7-17-42 (Cremation—No—Yes)

20 Signature of Embalmer or Funeral Director: Arthur J. Cassard Emb. Lic. No. 1241 F. D. Lic. No. 42
Address: Fergus Falls, Minn.
Firm Name: Funeral Home

21 Date Received 7-17-42 Signature of Local Registrar W. A. S. E. J.

MEDICAL CERTIFICATION

22 DATE OF DEATH July 17 1942

23 I HEREBY CERTIFY: That I attended deceased from June 16 1941 to July 17 1942.

I last saw him in alive on July 17 1942
To the best of my knowledge, death occurred on the date stated above, at 11:40 a.m.

Immediate cause of death: Typhoid fever from relapse of typhoid

Due to.....

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy: Ulceration of ileum

24 If death was due to external cause, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?..... While at work?..... (Specify type of place)

(e) Means of injury.....

25 Signature Werner H. Husted M. D. Address: Fergus Falls, Minn. Date: 7-17-42

NOT FOR OFFICIAL USE

This form is to be filled out by the registrar or other authorized person. It is not to be filled out by the physician. The information on this form is used for statistical purposes only. It is not to be used for legal purposes. The information on this form is not to be used for insurance purposes. The information on this form is not to be used for other purposes.

Signature of Sub-Registrar....., 19..... Burial or removal permit issued.....