

MINNESOTA DEPARTMENT OF HEALTH
Division of Vital Statistics
CERTIFICATE OF DEATH

002563

REGISTERED NO.

Signature of Sub-Registrar: *Thomas V. Vigor, Jr.*

1. PLACE OF DEATH: STATE OF MINNESOTA a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MINNESOTA b. COUNTY CLAY	
b. TOWNSHIP OR	e. LENGTH OF STAY (in this district)	c. TOWNSHIP OR	d. CITY OR VILLAGE
	3 MONTHS		ULEN
c. CITY OR VILLAGE Moorhead		Is residence within its corporate limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
d. NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. ANSGAR'S		e. P. O. ADDRESS ULEN, MINNESOTA.	

3. NAME OF DECEASED (Type or Print)	a. (First) HELENA	b. (Middle) MARTHA	c. (Last) SANDBERG	4. DATE OF DEATH (Month) (Day) (Year) JAN. 25 1954
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCTOBER 9, 1867	9. AGE (In years last birthday) 86	If Under 1 Year Months Days
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	11. BIRTHPLACE (State or foreign country) NORWAY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME HANS MELBYE	13b. MOTHER'S MAIDEN NAME NOT KNOWN	14. SPOUSE'S NAME PETER SANDBERG
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S OWN SIGNATURE Ma Emil Eide	ADDRESS HITTERDAL MINNESOTA
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18. Enter only one cause on lines (a), (b) and (c). *(Give disease, injury or complication which was the IMMEDIATE CAUSE of death, not mode of dying, as heart failure, asphyxia, etc.)	MEDICAL CERTIFICATION		TIME BETWEEN ONSET & DEATH
	1. DISEASE OR CONDITION LEADING DIRECTLY TO DEATH* (a) Intestinal bacterial infection		55 days
	ANTECEDENT CAUSES DUE TO (b) None		
2. OTHER SIGNIFICANT CONDITIONS Contributing to death but not related to disease or condition causing death. Benign degeneration of senile		DUE TO (c) None	

19a. DATE OF OPERATION 12-3-54	19b. MAJOR FINDINGS OF OPERATION Intestinal bacterial infection - right	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Fell from tree	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home	21c. CITY, VILLAGE OR TOWNSHIP (COUNTY) (STATE) Ulen, Minn. Clay, Minn.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 12-1-53 7p.m.	21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell from tree
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22. I hereby certify that I attended the deceased from **12-1-1953** to **1-25-1954**, that I last saw the deceased alive on **1-25-1954**, and that death occurred at **10:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) V. D. Vigor, M.D.	23b. ADDRESS Hawley, Minn.	23c. DATE SIGNED 1-27-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL & REMOVAL	24b. DATE JAN. 29 1954	24c. NAME OF CEMETERY OR CREMATORY SALEM CEMETERY	24d. LOCATION (City, village or county) (State) HITTERDAL MINNESOTA
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DATE FILED BY LOCAL REG. Jan. 28, 1954	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. SIGNATURE OF FUNERAL DIRECTOR OR EMBALMER Thomas V. Vigor, Jr.	ADDRESS LAKE PARK MINNESOTA
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Burial or removal permit issued **January 27, 1954**