

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

2574

Dist. No. \_\_\_\_\_  
To be inserted by registrar

CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

1 PLACE OF DEATH: STATE OF MINNESOTA.  
County Clay  
Township \_\_\_\_\_  
Village Hetterdal  
City \_\_\_\_\_  
No. \_\_\_\_\_ St.  
(If hospital or institution give its NAME instead of St. and No.)  
Length of stay:  
In hospital or institution \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days  
In this community 54 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

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

3 FULL NAME Henry M. Melbye  
4 (a) SOCIAL SECURITY No. \_\_\_\_\_ 4 (b) IF VETERAN, Name WAR \_\_\_\_\_

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 Agnes Melbye 8 (b) AGE if alive 45 Years  
9 DATE OF BIRTH (month, day, year) Jan 12 - 1890  
10 Age Years Months Days IF LESS than 1 day, hrs. or min.  
54 | 5 | 17

11 USUAL OCCUPATION Restaurant Business  
12 INDUSTRY OR BUSINESS own

13 BIRTHPLACE (City or Town) U. S.  
(State or Country)

14 NAME Rasmus Melbye  
15 BIRTHPLACE (City or Town) Norway  
(State or Country)

16 MAIDEN NAME Marit Christensen  
17 BIRTHPLACE (City or Town) U. S.  
(State or Country)

18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
Informant's own Signature Mrs. J. R. Nyhus  
Address Hetterdal, Minn.  
19 Buried at Hetterdal Minn or Removed to Hawley Date 1944  
(Cremation—No—Yes)

20 Signature of Embalmer or Funeral Director: Theron V. Viggen Jr. Emb. Lic. No. 2677  
F. D. Lic. No. 725  
Address Hawley Minn  
Firm Name Thusel Bros Hawley Minn

21 Date Received 7-5-44 Signature of Local Registrar P. P. Solum

MEDICAL CERTIFICATION  
22 DATE OF DEATH June 29 - 1944

23 I HEREBY CERTIFY: That I attended deceased from June 24th, 1944 to June 24th, 1944  
I last saw him alive on June 29th, 1944  
To the best of my knowledge, death occurred on the date stated above, at 12:15 P.M.

Immediate cause of death Embolic cerebral hemorrhage  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
secondary overwork  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: None  
Of operations \_\_\_\_\_  
Of autopsy not done

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 V. D. Shyell M. D.  
Address Hawley Minn Date 7/1/44

Signature of Sub-Registrar Theron V. Viggen Jr. (2677)  
Burlal or removal permit issued June 30 1944