

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

2782

56
58

Dist. No.
To be inserted by registrar

CERTIFICATE OF DEATH

Registered No.

1 PLACE OF DEATH: STATE OF MINNESOTA
 County Clay
 Township
 Village
 City Loorhead
 No. St. Ansgars Hospital St.
 (If hospital or institution give its NAME instead of St. and No.)
 Length of stay:
 In hospital or institution yrs. mos. 12 days
 In this community 61 yrs. mos. days

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

3 FULL NAME HILDA NYHUS

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

5 SEX Female 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 Isaac Nyhus 8 (b) AGE if alive 70 Years

9 DATE OF BIRTH (month, day, year) April 22, 1885
 10 AGE Years Months Days IF LESS than 1 day, hrs. or min.
61 1 8

11 USUAL OCCUPATION Housewife

12 INDUSTRY OR BUSINESS Domestic

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

14 NAME Rasmus Melby

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

16 MAIDEN NAME Maret Christensen

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

18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant's own Signature [Signature]

Address Hitterdal, Minn.

19 Buried at Hitterdal, Date 6-3-46 1946
 or Removed to Minnesota (Cremation—No—Yes)

20 Signature of Embalmer or Funeral Director: Emb. Lic. No. 2677
Thron V. Vigey, Jr. F. D. Lic. No. 1459

Address Lake Park, Minnesota
 Firm Name E. T. Vigey & Sons

21 Date Received 5-30-46 Signature of Local Registrar [Signature]

Amended pursuant to authority received and filed in the Minnesota State Department of Health on
 6005-3-6-42-5M bks. 11874

MEDICAL CERTIFICATION

22 DATE OF DEATH May 30 1946

23 I HEREBY CERTIFY: That I attended deceased from 3-19-46 to 5-30-46
 I last saw h.er. alive on 5-30-46
 To the best of my knowledge, death occurred on the date stated above, at 6:00 P. M.

Immediate cause of death Congestive thrombosis

Due to chronic heart disease several years
with mitral & aortic
insufficiency with decompensation
phenomena. Fever
attacks - many years

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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. Thayer M. D.
 Address Lawley Minn Date 5-31-46

NOT FOR OFFICIAL USE

Signature of Sub-Registrar [Signature] Burial or removal permit issued 7 May 31 1946

JUN 12 1946