

CERTIFICATE OF DEATH

2814

REGISTERED NO.

1. PLACE OF DEATH: STATE OF MINNESOTA
 a. COUNTY Clay
 b. TOWNSHIP OR Moorhead
 c. CITY OR VILLAGE Moorhead
 d. NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St Ansgar Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
 a. STATE Minnesota
 b. COUNTY Clay
 c. TOWNSHIP OR Ulen
 d. CITY OR VILLAGE Ulen Is residence within its corporate limits? YES NO
 e. P. O. ADDRESS Ulen Minnesota ST.

3. NAME OF DECEASED (Type or Print)
 a. (First) Hilda
 b. (Middle) Marie
 c. (Last) Fevig
 4. DATE OF DEATH (Month) (Day) (Year) November 9th 1953

5. SEX Female
 6. COLOR OR RACE White
 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
 8. DATE OF BIRTH September 6 1883
 9. AGE (In years last birthday) 70 If Under 1 Year Months Days

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (State or foreign country) Clay Co. Minnesota
 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ole C. Melby
 13b. MOTHER'S MAIDEN NAME No Record
 14. SPOUSE'S NAME Gilbert O. Fevig (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No
 16. SOCIAL SECURITY NO. None
 17. INFORMANT'S OWN SIGNATURE Orris Fevig ADDRESS Ulen Minnesota

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION LEADING DIRECTLY TO DEATH* (a) Coronary thrombosis
 ANTECEDENT CAUSES Generalized arteriosclerosis
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Generalized arteriosclerosis
 DUE TO (c) Rheumatoid arthritis and senile osteoporosis

2. OTHER SIGNIFICANT CONDITIONS Contributing to death but not related to disease or condition causing death. Senile

19a. DATE OF OPERATION
 19b. MAJOR FINDINGS OF OPERATION
 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
 21c. (CITY, VILLAGE OR TOWNSHIP) (COUNTY) (STATE)
 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)
 21e. INJURY OCCURRED While at Work Not While At Work
 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1952, to Nov 9, 1953, that I last saw the deceased alive on Nov 9, 1953, and that death occurred at 7:30A M., from the causes and on the date stated above.

23a. SIGNATURE Vernon J. Carlson (Degree or title) M.D.
 23b. ADDRESS 10-N-5th St. Moorhead Minn
 23c. DATE SIGNED 11-9-53

24a. BURIAL CREMATION REMOVAL (Specify) Removal
 24b. DATE 11-9-53
 24c. NAME OF CEMETERY OR CREMATORY North Cemetery
 24d. LOCATION (City, village or county) (State) Ulen Minnesota

25. SIGNATURE OF FUNERAL DIRECTOR OR EMBALMER Lawrence J. Grina ADDRESS Moorhead

DATE FILED BY LOCAL REGISTRAR'S SIGNATURE Nov. 13, 1953

L. P. Carlson
Signature of Sub-Registrar.

NOTED SPECIAL USE

Burial removal permit issued 11-12-53, 1953

40115