

MINNESOTA DEPARTMENT OF HEALTH
Section of Vital Statistics
CERTIFICATE OF DEATH

028834

LOCAL FILE NUMBER		FIRST MIDDLE LAST			2. SEX	STATE FILE NUMBER		
1. DECEASED - NAME		Jane Mathilda Melbye			female	3. DATE OF DEATH		
Nov 28, 1972		4a. AGE (IN YEARS LAST BIRTHDAY)		4b. UNDER ONE YEAR		4c. UNDER ONE DAY		7a. COUNTY OF DEATH
87								Clay
5. DATE OF BIRTH				6. RACE		7b. LOCATION OF DEATH		
January 25, 1885				white		Moorhead		
7c. INSIDE CORPORATE LIMITS				7d. HOSPITAL OR OTHER INSTITUTION - NAME		7e. COUNTY OF DEATH		
yea				St. Ansgar Hospital		Clay		
5. BIRTHPLACE		9. CITIZEN OF WHAT COUNTRY		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED		11. SPOUSE - NAME		
Ulen, Minnesota		USA		widowed		Henry A. Melbye (Deceased)		
12. WAS DECEASED EVER IN U.S. ARMED FORCES		13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION		14b. KIND OF BUSINESS OR INDUSTRY		
no		472-28-8231		Milner & Housewife		Dress Shop & Household		
15a. RESIDENCE - STATE		15b. COUNTY		15c. CITY, VILLAGE OR TOWNSHIP		15d. INSIDE CORPORATE LIMITS		
Minnesota		Clay		Ulen		yes		
16a. FATHER - NAME		16b. BIRTHPLACE		17. ADDRESS OF DECEDENT				
Nels Hanson		Norway		Ulen, Minnesota				
18a. MOTHER - MAIDEN NAME		18b. BIRTHPLACE		19. INFORMANT - NAME				
Annie Herum		Wisconsin		Miss Anne Hoeglund, Ulen, Minnesota				
20. PART I - DEATH WAS CAUSED BY		21. DIAGNOSIS DEFERRED					21b. APPROXIMATE INTERVAL	
A. IMMEDIATE CAUSE		IF CHECK BOX					BETWEEN ONSET AND DEATH	
Massive cerebrovascular accident							7 1/2 days	
B. DUE TO, OR AS A CONSEQUENCE OF								
Old age								
C. DUE TO, OR AS A CONSEQUENCE OF								
PART II OTHER SIGNIFICANT CONDITIONS		21a. AUTOPSY					21b. IF YES, WERE FINDINGS CONSIDERED	
Diabetes Mellitus		NO					IN DETERMINING CAUSE OF DEATH	
22a. ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED		22b. DATE OF INJURY		22c. INJURY AT WORK		SPECIFY YES OR NO		
SPECIFY		IF DEFERRED		22c. INJURY AT WORK		SPECIFY YES OR NO		
CHECK BOX								
22d. PLACE OF INJURY		22e. LOCATION		22f. LOCATION				
(AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING ETC.)		STREET OR RFD NUMBER		CITY, VILLAGE OR TOWNSHIP COUNTY STATE				
22f. HOW INJURY OCCURRED		(ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 20)						
23a. CERTIFICATION - PHYSICIAN		23b. CERTIFICATION - MEDICAL EXAMINER OR CORONER		23c. MEDICAL EXAMINER OR CORONER - SIGNATURE				
I attended the deceased from 6-5-61 to 11-28-72		On the basis of the examination of the body and/or the investigation, in my opinion death occurred at _____ M, on the date and due to the causes stated above. The decedent was pronounced dead on _____ at _____ M.		M.D.				
last saw him/her alive on 11-28-72 (did, did not) view the body after death.				Dr. Gertrude Olsen Saxman MD				
Death occurred at 12:45 AM at the place and time and on the date stated above and to the best of my knowledge due to the causes stated.				23d. MEDICAL EXAMINER OR CORONER - NAME (TYPE OR PRINT)				
23c. PHYSICIAN - SIGNATURE		23e. MEDICAL EXAMINER OR CORONER - NAME		23f. MEDICAL EXAMINER OR CORONER - NAME				
Dr. Gertrude Olsen Saxman MD								
23g. MAILING ADDRESS		23h. DATE SIGNED		23i. DATE SIGNED				
Ulen, Minnesota 56585		PHYSICIAN, MEDICAL EXAMINER OR CORONER		MONTH DAY YEAR				
				11 30 72				
24a. BURIAL, CREMATION, REMOVAL		24b. CEMETERY OR CREMATORY - NAME		24c. LOCATION				
SPECIFY		North Lutheran		(CITY, VILLAGE OR COUNTY) (STATE)				
Burial				Ulen, Clay, Minnesota				
24d. DATE OF BURIAL, CREMATION OR REMOVAL		25a. FUNERAL HOME - NAME		25b. FUNERAL HOME - ADDRESS				
MONTH DAY YEAR		Erlieen Funeral Home		Twin Valley, Minnesota 56584				
Dec 1, 1972								
26a. DATE FILED BY LOCAL REGISTRAR		26b. LOCAL REGISTRAR - SIGNATURE		27. MEDICIAN OR FUNERAL DIRECTOR - SIGNATURE				
MONTH DAY YEAR		Mary Ellen, Deputy		Clayton Olson				
December 1, 1972								

Clayton Olson

SIGNATURE OF SUB REGISTRAR

19 72

BURIAL OR REMOVAL PERMIT ISSUED

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