

1 PLACE OF DEATH

STATE OF MINNESOTA

Division of Vital Statistics

3495

County Clay  
Township Highland Grove  
or  
Village  
or  
City

CERTIFICATE OF DEATH

Reg. District No. 2273 No. in Registration Book 6  
(Above numbers to be filled in only by local registrar or his deputy.)

2 FULL NAME Johan Melbye (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX male 4 Color or Race white 5 Single, Married, Widowed, or Divorced, (Write the word) married

16 DATE OF DEATH June 25, 1918  
(Month) (Day) (Year)

6 DATE OF BIRTH June 10, 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 19, 1918, to June 25, 1918, that I last saw him alive on June 25, 1918

7 AGE 69 yrs. 0 mos. 15 ds. If LESS than 1 day, hrs. or mins.?

and that death occurred, on the date stated above, at 7:30 p.m. The CAUSE OF DEATH was as follows:

8 OCCUPATION (a) Trade, Profession, or particular kind of work Farmer (b) General nature of industry, business, or establishment in which employed (or employer)

Acute dilatation of  
heart.  
(Duration) yrs. mos. ds. 6 ds.

9 BIRTHPLACE (State or Country) Norway

Contributory Secondary (Duration) yrs. mos. ds.

10 Name of Father Leus A. Melbye

(Signed) Eding A. B. ..., M. D.  
June 26, 1918 (Address) Ullens

11 Birthplace of Father (State or Country) Norway

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL; and (3) Where was injury sustained if not at place of death?

12 Maiden Name of Mother Marie G. J. ...

18 LENGTH OF RESIDENCE (for Hospitals, Institutions, Transients, or Recent Residents) In district where death occurred yrs. mos. In the State yrs. mos. ds.

13 Birthplace of Mother (State or Country) Norway

Where was disease contracted, if not at place of death? Former or usual residence

14 The above is true to the best of my knowledge.

19 PLACE OF BURIAL OR REMOVAL Wittendal, Minn. DATE OF BURIAL June 27, 1918

(Informant) A. Melbye  
(Address) Ullens

20 UNDERTAKER W.A. ... ADDRESS Wittendal

15 Filed June 26, 1918, A. J. ... Registrar.

Address Dace, Minn.

Received JUL 11 1918

READ INSTRUCTIONS ON BACK CAREFULLY

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Sub-Registrar

Received