

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

2793

Dist. No. 14-20
 To be inserted by registrar

CERTIFICATE OF DEATH

Registered No. 4

1 PLACE OF DEATH: STATE OF MINNESOTA
 County Clay
 Township Highland Grove
 Village.....
 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..... 60..... yrs..... mos..... days

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

3 FULL NAME Marie Melbye

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

5 SEX Female 6 COLOR OR RACE White 7 Single, Married, Widowed or Divorced. (Write the word) Widow

8 (a) If Married, Widowed or Divorced, NAME OF HUSBAND OR WIFE Rasmuss Melbye 8 (b) AGE if alive Years

9 DATE OF BIRTH (month, day, year) March 9, 1873
 10 AGE 67 Years 8 Months 24 Days IF LESS than 1 day, hrs. or min.

11 USUAL OCCUPATION Housewife

12 INDUSTRY OR BUSINESS

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

14 NAME Martin Wahl Father

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

16 MAIDEN NAME Unknown Mother

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

18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant's own Signature William Melbye Address Hitterdal, Minn.

19 Buried at Hitterdal, Minn. or Dec. 6, 1940 Date (Cremation—No—Yes)

20 Signature of Embalmer or Funeral Director: Theora J. Wigen Emb. Lic. No. 2677 F. D. Lic. No. 1459 Address Lake Park, Minn. Firm Name E. J. Wigen & Sons

21 Date Received Oct 10, 1940 Signature of Local Registrar O. J. Hitterdal

MEDICAL CERTIFICATION

22 DATE OF DEATH Dec. 3 1940

23 I HEREBY CERTIFY: That I attended deceased from September 40, 1940 to 12-3, 1940

I last saw h. alive on Sept. 23, 1940
 To the best of my knowledge death occurred on the date stated above at 4:20 A.M.

Immediate cause of death Carcinoma of Uterus with extensive metastasis & carcinoma of brain Duration 3 yrs.

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy..... none

Physician Underline the cause to which death should be charged statistically.

24 If death was due to external cause, fill in the following:

(a) Accident, suicide, or homicide (specify)..... no

(b) Date of occurrence..... no

(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?..... (Specify type of place) While at work?..... no

(e) Means of injury.....

25 Signature C. M. Motley M. D. Address Detroit Lakes, Minn. Date 12-5-40

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK, THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

Signature of Sub-Registrar Theora J. Wigen
 Burial or removal permit issued Dec 5 1940