

MINNESOTA DEPARTMENT OF HEALTH
Section of Vital Statistics
CERTIFICATE OF DEATH

29172

1. PLACE OF DEATH: STATE OF MINNESOTA a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Minnesota b. COUNTY Clay	
b. CITY, VILLAGE OR TOWNSHIP Hitterdal		c. CITY, VILLAGE OR TOWNSHIP Hitterdal Village	
d. NAME OF (if not in hospital or institution, give street address) HOSPITAL OR INSTITUTION		d. STREET ADDRESS Hitterdal, Minnesota	
e. IS PLACE OF DEATH INSIDE CORPORATE LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) MRS. Martha Swenson		4. DATE OF DEATH Month December Day 25 Year 1957	
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 17, 1897	9. AGE (In years last birthday) 60 years	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (State or foreign country) Minnesota	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jonas Melbye	13b. MOTHER'S MAIDEN NAME Valborg Paulson	14. SPOUSE'S NAME Gust Swenson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S OWN SIGNATURE <i>X Gust Swenson</i>	ADDRESS Hitterdal, Minnesota
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause on line (c): } DUE TO (b) Coronary Sclerosis with myocardial insufficiency } DUE TO (c) Generalized arteriosclerosis		few years
		few years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I(a) None		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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19a. DATE OF OPERATION -	19b. MAJOR FINDINGS OF OPERATION -
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20a. ACCIDENT, SUICIDE OR HOMICIDE. (SPECIFY):	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
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20c. TIME OF INJURY Hour - a. m. - p. m. -	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street office bldg., etc.) -	20f. CITY, VILLAGE OR TOWNSHIP -	COUNTY -	STATE -
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21. I certify I attended the deceased from **Jan. 15th 1952** to **Dec 25th 1957**, and that I last saw the deceased alive on **Dec 25th 1957** and that death occurred at **6:10 P.** m on the date stated above and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) V.D. Thuyell, M.D.	22b. ADDRESS Hawley, Minnesota	22c. DATE SIGNED Dec. 28th, 1957
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23a. BURIAL CREMATION REMOVAL (Specify) Burial	23b. DATE Dec. 30, 1957	23c. NAME OF CEMETERY OR CREMATORY Salem (West) Cemetery	23d. LOCATION (City, village or county) (State) Hitterdal, Minnesota
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24. DATE FILED BY LOCAL REG. Dec. 30, 1957	25. REGISTRAR'S SIGNATURE <i>[Signature]</i>	26. SIGNATURE OF MORTICIAN OR FUNERAL DIRECTOR <i>[Signature]</i>	ADDRESS Hawley, Minnesota.
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MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

NOT FOR OFFICIAL USE

Signature of Sub-Registrar
[Signature]

Burial or removal permit issued **December 30, 1957**