

County Clay
Township _____
Village or _____
City _____ No. _____

Reg. District No. _____ No. in Registration Book 42
(Above numbers to be filled in only by local registrar or his deputy.)

St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Mr. Christian Melby

Residence No. _____ St., _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? 57 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Male 4 COLOR OR RACE w 5 Single, Married, Widowed, or Divorced (WRITE the word) Married

6 Was married, widowed, or divorced _____
HUSBAND of _____
WIFE of _____

7 DATE OF BIRTH (month, day, and year) Oct 12 - 1850
Years 74 Months 4 Days 3
If LESS than 1 day, _____ hrs. or _____ min.

8 OCCUPATION OF DECEASED Merchant
(a) Trade, Profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9 BIRTHPLACE (city or town) Ringside Norway
(State or country) _____

10 NAME OF FATHER Adams Johnson Melby

11 BIRTHPLACE OF FATHER (city or town) Ringside Norway
(State or country) _____

12 MAIDEN NAME OF MOTHER Maria Gulbransen

13 BIRTHPLACE OF MOTHER (city or town) Ringside Norway
(State or country) _____

14 Informant Osval H. Melby
(Address) _____

Filed 2/18, 1925 Robert D. Reed REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15 1925

17 I HEREBY CERTIFY, That I attended deceased from Jan 8 1925 to Feb 15 1925
that I last saw him alive on Feb 15 1925

and that death occurred on the date stated above at _____ m.
The CAUSE OF DEATH* was as follows:
Arteriosclerosis

_____, duration _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted _____
if not at place of death _____

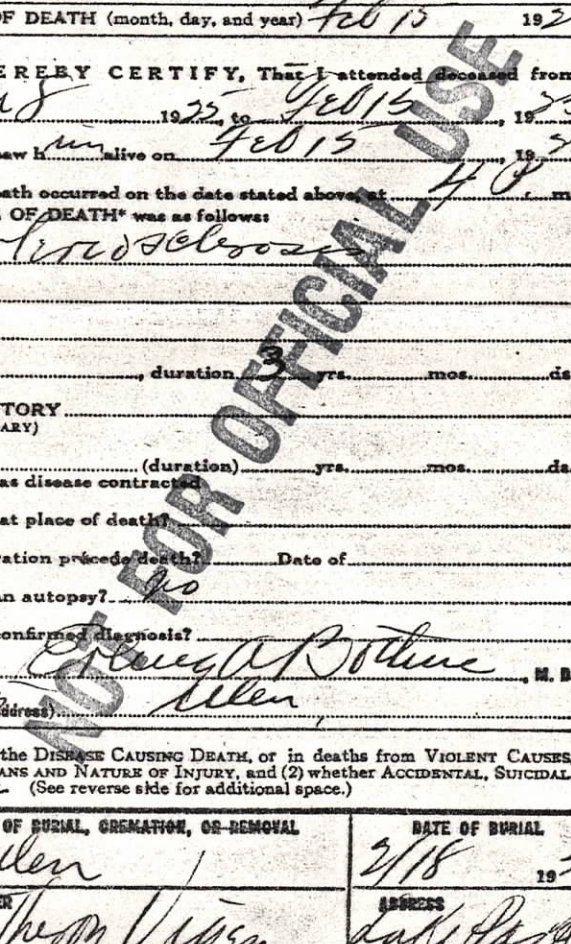
Did an operation precede death? _____ Date of _____
Was there an autopsy? No

What test confirmed diagnosis? _____
(Signed) Ernest A. Botine M. D.
Allen
_____, 1925 (Address) _____

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Allen DATE OF BURIAL 2/18 1925

20 UNDERTAKER Thom Vigren ADDRESS 14th St. S. S. P.



Sub-Registrar _____
Received _____

MAR 28 1925