

1 PLACE OF DEATH

STATE OF MINNESOTA

Division of Vital Statistics

2647

CERTIFICATE OF DEATH

1657

Sub-Registrar

Blay

J. Jo

Ward

Reg. District No. No. in Registration Book

Moorhead

No. St. August's Hospital

St., Ward

Full Name Oscar H. Melbye

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

Residence No. (Usual place of abode)

St., Ward

Lake Park Minn

How long in U. S., if of foreign birth?

yrs. mos. 2 / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH (month, day, and year) Oct 9 1927

Male white married

17 I HEREBY CERTIFY, That I attended deceased from

HUSBAND of Olga Feragen

Sept 15 1927 to Oct 9 1927

DATE OF BIRTH (month, day, and year) Sept 3 - 1879

that I last saw him alive on Oct 9 1927

Years 48 Months 1 Days 6

and that death occurred on the date stated above, at 3:30 P. m.

OCCUPATION OF DECEASED

The CAUSE OF DEATH was as follows

mechanic

Heart Disease

automobile repairing

duration yrs. mos. 2 / ds

CONTRIBUTORY (SECONDARY)

Minneapolis

(duration) yrs. mos. ds.

18 Where was disease contracted

Ole B. Melbye

18 Where was disease contracted

Noway

18 Where was disease contracted

Anna Swanson

18 Where was disease contracted

Noway

18 Where was disease contracted

Arnt Melbye

18 Where was disease contracted

10/14, 1927 J. H. Weismark

18 Where was disease contracted

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Lake Park

DATE OF BURIAL

Oct 12 1927

20 UNDERTAKER Arthur Bame

Leo Johnson

ADDRESS

Moorhead

Received NOV 1 1927

Received