

1 PLACE OF DEATH

STATE OF MINNESOTA

Division of Vital Statistics

2515

County Delany
Township Highland
Village
City (No. St. Ward)

Reg. District No. 2263 No. in Registration Book 1
(Above numbers to be filled in only by local registrar or his deputy.)

2 FULL NAME

Oscar Ose

(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)

16 DATE OF DEATH Sept 8, 1917
(Month) (Day) (Year)

6 DATE OF BIRTH June 14, 1876
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 3, 1917, to Sept 8, 1917, that I last saw him alive on Sept 8, 1917, and that death occurred, on the date stated above, at 4:30 a.m. The CAUSE OF DEATH* was as follows:
Pulver Pneumonia

7 AGE 41 yrs. 2 mos. 24 ds. If LESS than 1 day, hrs. or mins.?

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

(Duration) yrs. mos. ds.
Contributory Acute circulatory failure
Secondary

9 BIRTHPLACE (State or Country) Norway

10 Name of Father John Ose

11 Birthplace of Father (State or Country) Norway

12 Maiden Name of Mother Yvonne Ose

13 Birthplace of Mother (State or Country) Norway

(Signed) Joseph H. Hennrich, M. D.
Sept 8, 1917 (Address) Harley St

14 The above is true to the best of my knowledge. (Informant) Rognvald Ose
(Address) Wittendal Minn

*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?
18 LENGTH OF RESIDENCE (for Hospitals, Institutions, Transients, or Recent Residents)
In district where death occurred yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence.

15 Filed Sept. 9, 1917 H. Ulman Registrar.
Address Dale Minn

19 PLACE OF BURIAL OR REMOVAL Wittendal Cemetery DATE OF BURIAL Sept. 10, 1917

20 UNDERTAKER H.S. Hennrich ADDRESS Wittendal Minn

Received OCT 12 1917

READ INSTRUCTIONS ON BACK CAREFULLY

N. B.—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. See instructions on back of certificate.

Sub-Registrar

19

Received