

Sub-Registrar

1. PLACE OF DEATH

STATE OF MINNESOTA

Division of Vital Statistics

County Clay
Township Highland Grove
Village _____
City _____

CERTIFICATE OF DEATH

Reg. District No. 14-20 No. in Registration Book 1
(Above numbers to be filled in only by local registrar or his deputy)

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

(a) Residence, No. _____ (Usual place of abode) St. _____ Ward _____
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. (if non-resident give city or town and state) (if of foreign birth) 64 yrs. mos. ds.

2. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (WRITE THE WORD) married

21. DATE OF DEATH (month, day, and year) Jan 27 1937

3. If married, widowed or divorced HUSBAND of (or) WIFE of Marie Melby

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 1937 to Jan 11 1937
I last saw him alive on Jan 11 1937 death is said to have occurred on the date stated above, at _____ M.
The PRIMARY UNDERLYING CAUSE of death was Influenza

4. DATE OF BIRTH (month, day, and year) April 11th 1858
5. AGE Years 78 Months 9 Days 13 If LESS than 1 day, _____ hrs. or _____ min.

Duration 154 hrs

6. Trade, profession, or particular kind of work done, as engineer (type of miner, sawyer, bookkeeper, etc.) None
7. Industry or business in which work was done, as railway, mine (kind of) saw mill, bank, etc. _____
8. Date deceased last worked at this occupation (month and year) _____
9. Total time (years) spent in this occupation _____

Contributory causes of importance in order of onset:
(1) bronchial asthma Duration 3 years
(2) endo myocarditis
(3) _____

10. BIRTHPLACE (city or town) (State or country) Norway

Did an operation precede death? No
If so, state condition for which it was undertaken _____

11. NAME Hans Melby

12. BIRTHPLACE (city or town) (State or country) Norway

13. MAIDEN NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Norway

15. DECEASED (Address) Mrs. R. H. Melby Hitterdal, Minn.

16. PLACE OF DEATH (City or town) (State or country) Hitterdal, Minn Date 1-30 1937 (Cremation—No. 112)

17. UNDERTAKER (Address) Theron E. Vigen Lake Park, Minn.

18. Date Feb 2 1937 Registrar. C. D. Hillstead

Date of operation _____ Was there an autopsy? _____
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) C. A. Sartore M. D. Atter
1/26 1937 (Address) _____

Received Jan 26 1937 Theron E. Vigen