

TEAR CAREFULLY ALONG PERFORATED LINE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

READ INSTRUCTIONS ON BACK CAREFULLY

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.

1 PLACE OF DEATH

County Hennepin
Township or
Village Minneapolis
City Minneapolis (No. MINNEAPOLIS CITY HOSPITAL St. Ward)

STATE OF MINNESOTA

Division of Vital Statistics

18804

CERTIFICATE OF DEATH

Reg. District No. No. in Registration Book 1972
(Above numbers to be filled in only by local registrar or his deputy.)

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

2 FULL NAME Axel Anderson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race white 5 Single, Married, Widowed, or Divorced, (Write the word) Single

6 DATE OF BIRTH May 6 1889
(Month) (Day) (Year)

7 AGE 28 yrs. 16 mos. 16 ds. or 16 mos. 16 ds. or 16 mos. 16 ds. If LESS than 1 day, hrs. min.

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

9 BIRTHPLACE (State or Country) Minnesota

10 Name of Father Theodore Anderson

11 Birthplace of Father (State or Country) Norway

12 Maiden Name of Mother Anna Finlund

13 Birthplace of Mother (State or Country) Norway

14 The above is true to the best of my knowledge.
(Informant) J. Donald Anderson
(Address) 749 Buchanan St. N.E.

MAY 23 1917

FILED 1234
Address

Regist. H. H. Snifford
Commissioner of Health

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 22 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 21, 1917, to May 22, 1917, that I last saw him alive on May 22, 1917, and that death occurred, on the date stated above, at 10:00 m. The CAUSE OF DEATH* was as follows:

Cerebrospinal Fever

(Duration) yrs. mos. ds.

Contributory Secondary (Duration) yrs. mos. ds.

(Signed) Ernest May, M. D.

MAY 22 1917 (Address) MINNEAPOLIS CITY HOSPITAL

*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 28 yrs. 28 mos. 28 ds. State 28 yrs. 28 mos. 28 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 749 Buchanan St. N.E.

19 PLACE OF BURIAL OR REMOVAL Graceland DATE OF BURIAL May 23, 1917

20 UNDERTAKER O. E. Larson ADDRESS 1911 Cedar

Received