5443

STATE OF MINNESOTA

E. B.

Division of Vital Statistics

CERTIFICATE OF DEATH

Reg. District No. 27 No. in Registration Book 21
(Above numbers to be filled in only by local registrar or his deputy.)

1 PLACE OF DEATH

County Hennepin

Township or Village Robbinsdale or City

No. 3900 Bass Lake Ave. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ole Hastad

(2a) Residence, No. 3900 Bass Lake Ave St., Ward
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

3 SEX	4. Color or Race	5 Single, Married, Widowed, or Divorced (WRITE THE WORD)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) ~~WIFE of~~ Karen Petersen

6 DATE OF BIRTH (month, day, and year) 9-20-

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68			

OCCUPATION

8 Trade, profession, or particular kind of work done, as engineer (type of) miner, sawyer, bookkeeper, etc. Machinist

9 Industry or business in which work was done, as railway, mine (kind of) saw mill, bank, etc. Retired 6 yrs.

10 Date deceased last worked at this occupation (month and year) 6-27

11 Total time (years) spent in this occupation 8

12 BIRTHPLACE (city or town) Zumbrota, (State or country) Minn

FATHER

13 NAME Hogen Hastad

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

MOTHER

15 MAIDEN NAME Unknown

16 BIRTHPLACE (city or town) (State or country) Norway

17 INFORMANT Mrs. Ole Hastad (Address) Robbinsdale

18 PLACE OF BURIAL Crystal Lake Date 2-17 19 33 (Cremation—No, Where)

19 UNDERTAKER Anderson [redacted] Co. Robbinsdale

20 Filed 2-15, 1933 Clinton H. Wilson Registrar

21 DATE OF DEATH (month, day, and year) Feb 13, 1933

22 I HEREBY CERTIFY, That I attended deceased from January, 1933, to Feb 13, 1933

I last saw h alive on Feb 12, 1933; death is said to have occurred on the date stated above, at 10:20 P.M.

The PRIMARY UNDERLYING CAUSE of death was

	Duration
Essential Hypertension	4 years
Endocarditis	1 year
Hypostatic Pneumonia	1 week

Contributory causes of importance in order of onset:

	Duration
(1)	
(2)	
(3)	

Did an operation precede death? no

If so, state condition for which it was undertaken

Date of operation Was there an autopsy? no

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) Edward A. Calfo, M. D.

(Address) R. F. D. Hopkins

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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's No. 90

Received 19

Returned FEB 21 1933