



## [Health Department Death Registers](#)

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# Clay County

(excluding Moorhead)

# REGISTER OF DEATHS IN THE STATE OF MINNESOTA.

119

Vil. of Barnesville

Clay Co.

F. H. Alexander

| Date Received | DATE OF DEATH |     | FULL NAME OF DECEASED | Sex | Color | Single, Married or Widowed | AGE   |      |      | PLACE OF BIRTH | DISEASE OR CAUSE OF DEATH | OCCUPATION | FULL NAMES OF PARENTS |        | BIRTHPLACE OF PARENTS |        | NAME AND ADDRESS OF ATTENDING PHYSICIAN |
|---------------|---------------|-----|-----------------------|-----|-------|----------------------------|-------|------|------|----------------|---------------------------|------------|-----------------------|--------|-----------------------|--------|-----------------------------------------|
|               | Month         | Day |                       |     |       |                            | Years | Mos. | Days |                |                           |            | Father                | Mother | Father                | Mother |                                         |
| 1-3           | Jan           | 3   | Heese                 | M   | W     | J                          |       |      |      | Barnesville    | Stillborn                 |            | Fred                  | Mary   | Ger                   |        | Alexander                               |
|               | May           | 28  | Mrs. Nell Thompson    | F   | "     | M                          | 54    |      |      | Scotland       | Phthisis                  |            | John Lamb             | Lizzie | Scotland              |        | "                                       |
|               | July          | 3   | Alvin J. Peters       | M   | "     | J                          | 4     | 3    | 18   | Barnesville    | Septic Arthritis          |            | Mathias               | Thesia | Minn                  |        | " + Pattison                            |
|               | Sept          | 17  | Luelle Funkhanel      | F   | "     | D                          |       |      | 24   | "              | Chol. Infantum            |            | Max                   | Agnes  | Ger                   | N.Y.   | "                                       |
|               | Dec           | 24  | Colby                 | "   | "     | D                          |       |      |      | "              | Stillborn                 |            | Chas                  | Anna   | Minn                  |        | "                                       |

Vil. of Glyndon C. B. Kittredge, Act. H. C.

|      |      |    |                    |    |    |    |   |   |    |              |                 |     |            |        |      |       |              |         |
|------|------|----|--------------------|----|----|----|---|---|----|--------------|-----------------|-----|------------|--------|------|-------|--------------|---------|
| 7/8  | July | 19 | John Gas. Waldron  | M. | W. | D. | 0 | 4 | 1  | Minn.        | Weak from birth | HLJ | N.Y.       | Nellie | La.  | Minn. | Dr. Awtrey   | Worhead |
| 4-10 | Feb  | 13 | Kenneth Buckingham | F  | "  | "  |   | 3 | 27 | Fargo, N. D. | Indigestion     |     | John D.    | Julpha | N.Y. | His   | J. D. Huming | Fargo   |
| 8/8  | July | 21 | James Shear        | M  | "  | "  |   |   | 1  | Glyndon      | Weakness        |     | Patrick J. | Julia  | Mass | Minn  | Awtrey       | Worhead |



# REGISTER OF DEATHS IN THE STATE OF MINNESOTA.

120

Vil. of Hawley  
7721 - Pioneer Press Co., Printers, Stationers and Blank Book Manufacturers, St. Paul, Minn.

Clay Co.

J. H. Burill

| Date Received | DATE OF DEATH |     | FULL NAME OF DECEASED | Sex | Color | Single, Married or Widowed | AGE   |      |      | PLACE OF BIRTH | DISEASE OR CAUSE OF DEATH | OCCUPATION | FULL NAMES OF PARENTS |        | BIRTHPLACE OF PARENTS |        | NAME AND ADDRESS OF ATTENDING PHYSICIAN |
|---------------|---------------|-----|-----------------------|-----|-------|----------------------------|-------|------|------|----------------|---------------------------|------------|-----------------------|--------|-----------------------|--------|-----------------------------------------|
|               | Month         | Day |                       |     |       |                            | Years | Mos. | Days |                |                           |            | Father                | Mother | Father                | Mother |                                         |
| M 5/3         | March         | 9   | Leonard D. Storr      | M   | W     | M                          | 54    |      |      | Conn           |                           | Physician  | Andrew                | Fannie | Nor                   | Mein   | —                                       |
| 5/6           | "             | 27  | Johnson               | F   | "     |                            |       |      |      | Hawley         | Still born                |            | Andrew                | Fannie | Nor                   | Mein   | —                                       |
| 11/21         | Oct           | 12  | Ole H. Olson          | M   | "     | D                          | 27    | 1    | 15   | Norway         | R. R. Accident            |            | Hans                  | Mara   | Norway                |        | —                                       |
|               | "             | 22  | Harriet Chant         | F   | "     | W                          | 86    | 5    | 9    | England        | Senile Debility           |            | —                     | Muriel | England               |        | —                                       |

Vil. of Wren Dr. Mary Pratt

|           |      |    |                    |   |   |   |    |   |    |               |                        |  |          |          |        |        |                           |
|-----------|------|----|--------------------|---|---|---|----|---|----|---------------|------------------------|--|----------|----------|--------|--------|---------------------------|
| 2/6       | Jan  | 1  | Lilmore L. Everson | M | W | S | 0  | 6 | 0  | Winn.         | Pneumonia              |  | Evans    | Clara    | Norway | Winn.  | Dr. Mary Pratt Wren       |
| 8/28      | July | 15 | Ole H. Luff        | " | " | M | 34 | 1 | 5  | Norway        | Cancer Stomach         |  | A.O.     | Carrie   | "      | Norway | Dr. Thomas Fargo N.D.     |
| 12-29     | June | 24 | Alfred Millum      | " | " | D |    |   | 3  | Wren          | Pneum. B.              |  | A.O.     | Marta    | "      | "      | Pratt                     |
|           | Aug  | 31 | Calma Brenna       | F | " | D | 3  | 4 |    | Goose Prairie | Scarlet Fever          |  | Ole C.   | Carrie   | "      | Winn.  | Froehling + Muehlen       |
|           | Nov  | 10 | John Bjorklie      | M | " | W | 63 |   |    | Norway        | Accident in Flour mill |  | —        | —        | Norway |        | Egg + (Corner) Moorhead   |
| 1-11-1900 | Dec  | 16 | Herbert A. Pratt   | " | " | M | 44 | 8 | 17 | Wis           | Cancer Stomach         |  | Percy H. | Julia M. | Penn   | N.Y.   | A. A. Weston + Mary Pratt |

# REGISTER OF DEATHS IN THE STATE OF MINNESOTA.

Twp. of Alliance  
77421—PIONEER PRESS CO., Printers, Stationers and Blank Book Makers

Clay Co.

H. Hendrickson

| 77421—Foster-Pass Co., Printers, Stationers and Binders, Manufacturers, St. Paul, Minn. |               |     |                       |     |       |                                  |       |      |          |                |                           |            |                       |           |                       |        |                                            |
|-----------------------------------------------------------------------------------------|---------------|-----|-----------------------|-----|-------|----------------------------------|-------|------|----------|----------------|---------------------------|------------|-----------------------|-----------|-----------------------|--------|--------------------------------------------|
| Date<br>Received                                                                        | DATE OF DEATH |     | FULL NAME OF DECEASED | Sex | Color | Single,<br>Married or<br>Widowed | AGE   |      |          | PLACE OF BIRTH | DISEASE OR CAUSE OF DEATH | OCCUPATION | FULL NAMES OF PARENTS |           | BIRTHPLACE OF PARENTS |        | NAME AND ADDRESS OF<br>ATTENDING PHYSICIAN |
|                                                                                         | Month         | Day |                       |     |       |                                  | Years | Mos. | Days     |                |                           |            | Father                | Mother    | Father                | Mother |                                            |
| 11/8                                                                                    | Sept          | 25  | Ella Hendrickson      | F   | W     | D                                | 5     | 15   | Alliance | Inflam. Bowels |                           | H.         | Mary                  | Sveden    | Atk                   |        |                                            |
| 12/11                                                                                   | July          | 28  | Matichenbuh           | "   | "     | "                                |       | 21   | "        |                |                           | John       | Anna                  | Wisconsin | None                  |        |                                            |
|                                                                                         |               |     |                       |     |       |                                  |       |      |          |                |                           |            |                       |           |                       |        |                                            |
|                                                                                         |               |     |                       |     |       |                                  |       |      |          |                |                           |            |                       |           |                       |        |                                            |
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# REGISTER OF DEATHS IN THE STATE OF MINNESOTA.

Twp. of Cromwell

Clay Co. *E. H. Cummings*

| Date Received              | DATE OF DEATH |     | FULL NAME OF DECEASED  | Sex | Color | Single, Married or Widowed | AGE   |      |      | PLACE OF BIRTH | DISEASE OR CAUSE OF DEATH         | OCCUPATION | FULL NAMES OF PARENTS |           | BIRTHPLACE OF PARENTS |        | NAME AND ADDRESS OF ATTENDING PHYSICIAN |           |
|----------------------------|---------------|-----|------------------------|-----|-------|----------------------------|-------|------|------|----------------|-----------------------------------|------------|-----------------------|-----------|-----------------------|--------|-----------------------------------------|-----------|
|                            | Month         | Day |                        |     |       |                            | Years | Mos. | Days |                |                                   |            | Father                | Mother    | Father                | Mother |                                         |           |
| 2/7                        | Feb           | 1   | Oliver B. Olson        | M   | W     | S                          | 0     | 1    | 17   | Minn.          | Unknown                           | -          | Otto                  | Martha    | Sweden                | Sweden | W.M.P.                                  |           |
| Twp. of Colton J. Erickson |               |     |                        |     |       |                            |       |      |      |                |                                   |            |                       |           |                       |        |                                         |           |
| 2/7                        | Jan           | 10  | Maria Olson            | F   | W     | W                          | 85    | 0    | 6    | Sweden         | Old Age                           | At Home    | Anders                | Anika     | Sweden                | Sweden | Dr. Winberg                             | Lake Park |
| 3/5                        | Feb           | 4   | Anna Olson             | "   | "     | "                          | 85    | 10   | 0    | Norway         | "                                 | "          | -                     | -         | Norway                |        | W.M.P.                                  |           |
|                            | "             | 24  | Anna Erickson          | "   | "     | M                          | 35    | 4    | 6    | Sweden         | Phthisis                          | Housewife  | Nels Nelson           | Christina | Sweden                |        | Winberg & Belmont                       |           |
| 4-15                       | Feb           | 20  | Julia Augusta Hauglum  | "   | "     | S                          | 18    | 4    | 13   | Minn           | Hemorrhage                        |            | Jane                  | Tornina   | Nor                   | Nor    |                                         |           |
| 5/15                       | Apr           | 29  | John Johnson           | M   | "     | M                          | 41    | 3    | 5    | Swed           | Consumption                       |            | Johannes              | Amastina  | Swed                  | Swed   | Winberg                                 | Lake Park |
| 6/13                       | May           | 3   | Nels Nelson Atorg      | "   | "     | "                          | 77    | 4    | 17   | "              | Old Age                           |            | Nels                  | Kaisa     | "                     | "      |                                         |           |
|                            | "             | 17  | Maria Joneth           | F   | "     | W                          | 68    | 6    |      | Norway         | Inflam. Bowels                    |            |                       |           | Norway                | Norway | Winberg                                 | "         |
| 7/12                       | June          | 4   | John Alfred Andin      | M   | "     | S                          | 33    | 6    | 6    | Sweden         | Consumption                       |            | Arne                  | Martha    | Sweden                |        | Hennick                                 | Hawley    |
| 8/18                       | July          | 5   | Stina Erickson         | F   | "     | W                          | 53    | 4    | 19   | "              | Pneumonia                         |            |                       |           |                       |        | Winberg                                 | Lake Park |
| 10/20                      | Sept          | 18  | Berel Sophie Mikkelsen | "   | "     | M                          | 67    | 7    | 4    | Norway         | Bright's Disease                  |            | Mikkel Laum           | Naet      | Norway                |        | "                                       | "         |
| 4/11                       | Oct           | 12  | Olaf Olson             | M   | "     | S                          | 27    | 1    | 15   | Minn           | Accidentally Killed by R.R. Train |            | Nels                  | Maria     | "                     |        | Hennick                                 | Hawley    |
| 12/11                      | Nov           | 23  | Olave O. Gruni         | M   | "     | S                          | 44    | 10   | 28   | Norway         | Unknown                           |            | Olaf                  | Anne      | Norway                |        | "                                       | "         |
|                            | "             | 6   | Lofie Anfinson         | F   | "     | "                          | 19    |      | 1    | Min            | Consumption                       |            | John                  | Berget    | Nor                   | Norway | "                                       | "         |
| 1-11-1900                  | Dec           | 30  | Levin H. Dahl          | M   | "     | M                          | 63    | 8    | 16   | Norway         | Bris. Dis.                        |            | Hans                  | Anna      | Norway                |        | Hennick                                 |           |

# Belongs to Hawley, r1



# REGISTER OF DEATHS IN THE STATE OF MINNESOTA.

Twp. of Elkton

Clay Co. *Chas. Lamb*

| 77421—FORDS PRESS CO., PRINTERS, BURLINGTON AND STONE BOOK MANUFACTURERS, ST. PAUL, MINN. |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
|-------------------------------------------------------------------------------------------|---------------|-----|-------------------------|-----|-------|----------------------------|-------|------|------|----------------|-------------------------------------------------------------------------------------------------------------------|------------|-----------------------|---------|-----------------------|-----------|-----------------------------------------|--|
| Date Received                                                                             | DATE OF DEATH |     | FULL NAME OF DECEASED   | Sex | Color | Single, Married or Widowed | AGE   |      |      | PLACE OF BIRTH | DISEASE OR CAUSE OF DEATH                                                                                         | OCCUPATION | FULL NAMES OF PARENTS |         | BIRTHPLACE OF PARENTS |           | NAME AND ADDRESS OF ATTENDING PHYSICIAN |  |
|                                                                                           | Month         | Day |                         |     |       |                            | Years | Mos. | Days |                |                                                                                                                   |            | Father                | Mother  | Father                | Mother    |                                         |  |
| 9/27                                                                                      | Feb           | 10  | Sarah Teare             | F.  | W.    | M.                         | 31    | 0    | 0    | Wid.           | Childbirth <sup>Heart failure</sup> <del>Childbirth</del> <sup>Post Partum Hem.</sup> <del>Post Partum Hem.</del> | Housewife  | C. Hauman             | Lizzie  | Germany               | Patterson | Barrenville                             |  |
| 10/22                                                                                     | Apr           | 13  | Emilie Frederike Rhibbe | "   | "     | D                          | 6     | 4    |      | S.D.           | Summer Complaint                                                                                                  |            | F.W.                  | Augusta | "                     |           |                                         |  |
| 11/18                                                                                     | Oct           | 13  | Emma Margret McHugh     | "   | "     | "                          | 1     | 4    | 15   | Min            | Congestion Lungs                                                                                                  |            | Edward                | Bella   | Toronto Canada        | Alexander |                                         |  |
| 12/4                                                                                      | Nov           | 8   | Barbra Farnett          | "   | "     | W                          | 77    |      |      | Scotland       | old age                                                                                                           |            | John Mann             | Barbara | Scotland              | Alexander |                                         |  |
|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
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|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
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|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
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|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
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|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
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|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
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|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
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|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
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|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
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|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
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|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
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|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
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|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
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|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
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|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
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|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
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|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |
|                                                                                           |               |     |                         |     |       |                            |       |      |      |                |                                                                                                                   |            |                       |         |                       |           |                                         |  |

# REGISTER OF DEATHS IN THE STATE OF MINNESOTA.

Twp. of *Felton*

Clay Co.

| Date Received | DATE OF DEATH |     | FULL NAME OF DECEASED | Sex | Color | Single, Married or Widowed | AGE   |      |      | PLACE OF BIRTH | DISEASE OR CAUSE OF DEATH     | OCCUPATION  | FULL NAMES OF PARENTS |        | BIRTHPLACE OF PARENTS |           | NAME AND ADDRESS OF ATTENDING PHYSICIAN |
|---------------|---------------|-----|-----------------------|-----|-------|----------------------------|-------|------|------|----------------|-------------------------------|-------------|-----------------------|--------|-----------------------|-----------|-----------------------------------------|
|               | Month         | Day |                       |     |       |                            | Years | Mos. | Days |                |                               |             | Father                | Mother | Father                | Mother    |                                         |
| 3/11          | Feb           | 23  | John B. Langseth      | F   | W.    | S                          | 0     | 0    | 0    | Flowing        | Cholera                       | Alie        | Kari                  | Norway | N.S.                  | Egge      | Woodhead                                |
| 10/9          | Sept          | 27  | John Leen and John    | M   | "     | "                          |       |      | 15   | "              | Cholera                       | Ed          | Anna                  | Norway | N.S.                  | Goebel    | "                                       |
| 11/7          | Oct           | 26  | Frank Coney           | "   | "     | M                          | 33    |      |      | —              | Suicide shooting through head |             |                       |        |                       | T.C. Egge | "                                       |
| 1-8           | Dec           | 17  | Abigail Wilson        | F   | "     | "                          | 59    | 7    | 20   | Flowing        | Ht. Dis + Dropsy              | Sak. Maasen | Mutter                | Norway | Norway                | —         | —                                       |



# REGISTER OF DEATHS IN THE STATE OF MINNESOTA.

125

Twp. of Georgetown

Clay Co.

7. Marquart

| Date Received | DATE OF DEATH |     | FULL NAME OF DECEASED | Sex | Color | Single, Married or Widowed | AGE   |      |      | PLACE OF BIRTH | DISEASE OR CAUSE OF DEATH | OCCUPATION | FULL NAMES OF PARENTS |               | BIRTHPLACE OF PARENTS |        | NAME AND ADDRESS OF ATTENDING PHYSICIAN |
|---------------|---------------|-----|-----------------------|-----|-------|----------------------------|-------|------|------|----------------|---------------------------|------------|-----------------------|---------------|-----------------------|--------|-----------------------------------------|
|               | Month         | Day |                       |     |       |                            | Years | Mos. | Days |                |                           |            | Father                | Mother        | Father                | Mother |                                         |
| 3/4           | Feb           | 23  | Cecilia Fischer       | F.  | W.    | S.                         | 69    | 2    | 25   | Sw             | Grippe                    | Farmer     | Magnus Gulde          | Johanna       | Germany               |        |                                         |
| "             | "             | 26  | Leonhardt Fahlender   | M.  | "     | M.                         | 83    | 3    | 1    | "              | Old age                   |            | Jacob.                | Grace         | "                     |        |                                         |
| 2/6/90        | Nov           | 7   | Geo. Hazelton Wood    | "   | "     | D                          | 4     | 2    | 25   | Ind. Ser.      | Reddier Fever             |            | J.R.                  | Luna Hazelton | U.S.                  |        |                                         |
| 1-27-1900     | June          | 18  | Wm. Oliver Abbott     | M   | W     | D                          | 17    |      |      | N.D.           | Drowning                  |            | Francis               | Lea           | Ill.                  | Nev.   | J. A. Egger                             |

# REGISTER OF DEATHS IN THE STATE OF MINNESOTA.

126

Twp. of Yorse Prairie

Clay Co.

Paul Van Hisingen

| 7721—DODGE PRESS CO., PRINTERS, STATISTICAL BUREAU, ST. PAUL, MINN. |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |             |                       |        |                                         |  |  |
|---------------------------------------------------------------------|---------------|-----|-----------------------|-----|-------|----------------------------|-------|------|------|----------------|---------------------------|------------|-----------------------|-------------|-----------------------|--------|-----------------------------------------|--|--|
| Date Received                                                       | DATE OF DEATH |     | FULL NAME OF DECEASED | Sex | Color | Single, Married or Widowed | AGE   |      |      | PLACE OF BIRTH | DISEASE OR CAUSE OF DEATH | OCCUPATION | FULL NAMES OF PARENTS |             | BIRTHPLACE OF PARENTS |        | NAME AND ADDRESS OF ATTENDING PHYSICIAN |  |  |
|                                                                     | Month         | Day |                       |     |       |                            | Years | Mos. | Days |                |                           |            | Father                | Mother      | Father                | Mother |                                         |  |  |
| 11/21                                                               | July          | 20  | Ole Herager           | M   | W     | D                          |       | 4    | 18   | Minnesota      | Diankara                  |            | Jo.                   | Ellen Maria | Norway                |        |                                         |  |  |
|                                                                     |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |             |                       |        |                                         |  |  |
|                                                                     |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |             |                       |        |                                         |  |  |
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|                                                                     |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |             |                       |        |                                         |  |  |
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|                                                                     |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |             |                       |        |                                         |  |  |
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|                                                                     |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |             |                       |        |                                         |  |  |
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|                                                                     |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |             |                       |        |                                         |  |  |
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# REGISTER OF DEATHS IN THE STATE OF MINNESOTA.

127

Twp. of Hawley

Clay Co. Warrens House

| Date Received | DATE OF DEATH |     | FULL NAME OF DECEASED | Sex | Color | Single, Married or Widowed | AGE   |      |      | PLACE OF BIRTH | DISEASE OR CAUSE OF DEATH | OCCUPATION | FULL NAMES OF PARENTS |        | BIRTHPLACE OF PARENTS |        | NAME AND ADDRESS OF ATTENDING PHYSICIAN |
|---------------|---------------|-----|-----------------------|-----|-------|----------------------------|-------|------|------|----------------|---------------------------|------------|-----------------------|--------|-----------------------|--------|-----------------------------------------|
|               | Month         | Day |                       |     |       |                            | Years | Mos. | Days |                |                           |            | Father                | Mother | Father                | Mother |                                         |
| 4/13          | Feb           | 12  | Arthur B. Johnson     | M   | W     | S                          | 1     | 9    | 12   | Hawley         | Convulsions               |            | Olaf                  | Angie  | Swed.                 | Maine  | H. H. Aborn Hawley                      |
| 4/17          | "             | 9   | Burrill               | F   | "     | "                          |       |      |      | "              | Stillborn                 |            | Herbert F.            | Jennie | Mars                  | Can.   | " "                                     |
| 5/18          | Apr           | 7   | John Thypell          | M   | "     | M                          | 81    | 8    |      | Sweden         | Old age                   |            |                       |        | Sweden                |        | " "                                     |
| 11/15         | Oct           | 23  | Pruce                 | "   | "     | S                          |       |      |      | Hawley         | Still born                |            | Bernad                | Mary   | N. Y.                 | Ill    | " "                                     |

Twp. of Highland Grove

Jarl Olsson

|      |      |    |                   |   |   |   |    |    |    |        |                           |          |                  |        |        |  |                         |
|------|------|----|-------------------|---|---|---|----|----|----|--------|---------------------------|----------|------------------|--------|--------|--|-------------------------|
| 3/6  | Feb  | 15 | Anders Danielson  | M | W | S | 26 | 2  | 7  | Sweden | Chronic Paru. Nephritis   | Laborer  | Daniel           | Stina  | Sweden |  | R. F. Kilmore Lake Park |
| 7/15 | June | 23 | Gans A. Olson     | " | " | M | 74 | 2  | 29 | Norway | Mitral Insufficiency      |          | Anders Jorgensen | Martha | Norway |  | C. H. Winberg "         |
| 9-7  | Aug  | 14 | Benjamin F. Brown | " | " | " | 54 | 11 | 12 | O.     | Artic Anemia              | Engineer | Mahlon           | Mary   | Ohio   |  | R. F. Kilmore "         |
| 12/5 | Oct  | 27 | Michael Brady     | " | " | " |    |    |    |        | Killed in R. R. Collision |          |                  |        |        |  | " "                     |



# REGISTER OF DEATHS IN THE STATE OF MINNESOTA.

128

Twp. of *Holy Cross*

Clay Co. *H. H. Harvey*

| Date Received | DATE OF DEATH |           | FULL NAME OF DECEASED            | Sex      | Color     | Single, Married or Widowed | AGE       |          |      | PLACE OF BIRTH | DISEASE OR CAUSE OF DEATH | OCCUPATION | FULL NAMES OF PARENTS |               | BIRTHPLACE OF PARENTS |               | NAME AND ADDRESS OF ATTENDING PHYSICIAN |
|---------------|---------------|-----------|----------------------------------|----------|-----------|----------------------------|-----------|----------|------|----------------|---------------------------|------------|-----------------------|---------------|-----------------------|---------------|-----------------------------------------|
|               | Month         | Day       |                                  |          |           |                            | Years     | Mos.     | Days |                |                           |            | Father                | Mother        | Father                | Mother        |                                         |
| <i>1/3</i>    | <i>Jan</i>    | <i>14</i> | <i>Hansen</i>                    | <i>F</i> | <i>W.</i> | <i>S</i>                   |           |          |      | <i>Maine</i>   | <i>Died at Birth</i>      |            | <i>Edward</i>         | <i>Anne</i>   | <i>Norway</i>         | <i>Norway</i> | <i>None of</i>                          |
|               | <i>"</i>      | <i>30</i> | <i>Attel Bettie Bernhardtson</i> | <i>"</i> | <i>"</i>  | <i>"</i>                   |           |          |      | <i>"</i>       | <i>Sub Unknown</i>        | <i>4-0</i> | <i>John</i>           | <i>Martin</i> | <i>Sweden</i>         | <i>Sweden</i> | <i>P. C. Farrow No M.D. Woodhead</i>    |
| <i>3/3</i>    | <i>Feb</i>    | <i>21</i> | <i>Minnie Hansen</i>             | <i>"</i> | <i>"</i>  | <i>"</i>                   | <i>0</i>  | <i>7</i> |      | <i>"</i>       | <i>"</i>                  |            | <i>Edna</i>           | <i>Anne</i>   | <i>Norway</i>         |               | <i>No M.D.</i>                          |
| <i>10/12</i>  | <i>July</i>   | <i>19</i> | <i>Ed Persen</i>                 | <i>M</i> | <i>"</i>  | <i>"</i>                   | <i>20</i> |          |      | <i>Sweden</i>  | <i>Drowning</i>           |            |                       |               |                       |               |                                         |

Twp. of *Humboldt* *R. M. Freeman*

|             |            |           |                           |          |          |          |           |          |  |                 |                    |  |                   |  |               |  |  |
|-------------|------------|-----------|---------------------------|----------|----------|----------|-----------|----------|--|-----------------|--------------------|--|-------------------|--|---------------|--|--|
| <i>9-30</i> | <i>May</i> | <i>2</i>  | <i>Rudolph Gilbertson</i> | <i>M</i> | <i>"</i> | <i>S</i> | <i>5</i>  | <i>2</i> |  | <i>Humboldt</i> | <i>Consumption</i> |  | <i>Gilbert O.</i> |  | <i>Norway</i> |  |  |
| <i>12/4</i> | <i>Nov</i> | <i>26</i> | <i>Oleona Sjivaas</i>     | <i>F</i> | <i>"</i> | <i>M</i> | <i>66</i> |          |  | <i>Norway</i>   | <i>—</i>           |  |                   |  |               |  |  |



# REGISTER OF DEATHS IN THE STATE OF MINNESOTA.

129

Twp. of Keene

Clay Co.

C. Sather

S. Anderson

| Date Received | DATE OF DEATH |     |      | FULL NAME OF DECEASED | Sex | Color | Single, Married or Widowed | AGE   |      |      | PLACE OF BIRTH | DISEASE OR CAUSE OF DEATH                           | OCCUPATION | FULL NAMES OF PARENTS |                 | BIRTHPLACE OF PARENTS |               | NAME AND ADDRESS OF ATTENDING PHYSICIAN |
|---------------|---------------|-----|------|-----------------------|-----|-------|----------------------------|-------|------|------|----------------|-----------------------------------------------------|------------|-----------------------|-----------------|-----------------------|---------------|-----------------------------------------|
|               | Month         | Day | Year |                       |     |       |                            | Years | Mos. | Days |                |                                                     |            | Father                | Mother          | Father                | Mother        |                                         |
| 3/11          | Feb           | 9   |      | Hallan                | M   | W     | S                          |       |      |      | Keene Tp.      | Stillborn                                           |            | Peter                 | Petunia         | Minn.                 | Ambrose       | Harley                                  |
|               |               | 25  |      | Johanna J. Erickson   | F   | "     | "                          | 7     | 9    | 8    |                | Bronchitis                                          |            | Frank                 | Mary            | Lived. Nor.           | Thomas        | Fargo, N.D.                             |
|               | Mar           | 8   |      | Christian Ejerkeeg    | M   | "     | M.                         | 55    | 9    | 8    | Norway         | Ht. Dis. <small>system of blood circulation</small> | Farmer     | Lars                  | —               | Norway                | J. S. Gilland | Twiss Valley                            |
| 8/3           | July          | 19  |      | Iner Holte            | F   | "     | S                          | 2     | 2    | 11   | Minn.          | Cholera Morbus                                      |            | Martin                | Clara           | Norway                | America       | Trasselaug                              |
| 9-11          | "             | 28  |      | Leise Enus            | M   | "     | "                          |       |      | 17   | Keene          |                                                     |            | S. F. Enus            | Sarah           | Germany               |               |                                         |
| 1-5           | Nov           | 28  |      | Austad                | "   | "     | "                          |       |      |      | "              | Still born                                          |            | Carl G. Austad        | Caroline Jensen | Norway                | Minn.         |                                         |
|               | "             | 28  |      | "                     | "   | "     | "                          |       |      |      | "              | "                                                   |            | "                     | "               | "                     | "             |                                         |

Twp. of Kertzy

S. Rustad

8/2 July 10 Phillip Rustad M W S

Kertzy

—

Saul

Valborg

U.S.

Norway

# REGISTER OF DEATHS IN THE STATE OF MINNESOTA.

130

Twp. of *Kragmes*

Clay Co. *L. E. Andrews*

| Date Received | DATE OF DEATH |           | FULL NAME OF DECEASED | Sex       | Color     | Single, Married or Widowed | AGE       |          |          | PLACE OF BIRTH | DISEASE OR CAUSE OF DEATH | OCCUPATION | FULL NAMES OF PARENTS |          | BIRTHPLACE OF PARENTS |        | NAME AND ADDRESS OF ATTENDING PHYSICIAN |
|---------------|---------------|-----------|-----------------------|-----------|-----------|----------------------------|-----------|----------|----------|----------------|---------------------------|------------|-----------------------|----------|-----------------------|--------|-----------------------------------------|
|               | Month         | Day       |                       |           |           |                            | Years     | Mos.     | Days     |                |                           |            | Father                | Mother   | Father                | Mother |                                         |
| <i>3/23</i>   | <i>Feb</i>    | <i>26</i> | <i>F. H. Korder</i>   | <i>M.</i> | <i>W.</i> | <i>W.</i>                  | <i>82</i> | <i>9</i> | <i>0</i> | <i>Norway</i>  | <i>Pneumonia</i>          |            | <i>N. S.</i>          | <i>-</i> | <i>Norway</i>         |        | <i>No M.D.</i>                          |

DIED *1899 Sep 28* at *Kragmes Clay*  
 Cause of Death: Primary, *Indigestion* Duration,  
 Contributing, Duration,  
 Name, *Isabel Mary Lee* Residence,  
 Color, *W* Sex, *F* Age, *516* Married, *✓*  
 When Born, *Minn* Occupation,  
 Father: Name, *John T. Lee* Birthplace, *Iowa*  
 Mother: Maiden Name, *Alice M. Noble* Birthplace, *"*  
 Undertaker: Name, Burial: Place,  
 Residence, No. of Permit,

Twp. of *Moland* *L. B. Gundersen*

|             |            |           |                         |          |          |          |           |           |  |               |                   |  |             |              |               |                     |                   |                 |
|-------------|------------|-----------|-------------------------|----------|----------|----------|-----------|-----------|--|---------------|-------------------|--|-------------|--------------|---------------|---------------------|-------------------|-----------------|
| <i>4/14</i> | <i>Feb</i> | <i>15</i> | <i>Edfrid H. Miller</i> | <i>M</i> | <i>W</i> | <i>L</i> | <i>11</i> | <i>29</i> |  | <i>Moland</i> | <i>Bronchitis</i> |  | <i>Olaf</i> | <i>Lynne</i> | <i>Jordan</i> | <i>Houston Minn</i> | <i>L. S. Egge</i> | <i>Marshall</i> |
|-------------|------------|-----------|-------------------------|----------|----------|----------|-----------|-----------|--|---------------|-------------------|--|-------------|--------------|---------------|---------------------|-------------------|-----------------|



# REGISTER OF DEATHS IN THE STATE OF MINNESOTA.

130

Twp. of *Kragnes* Clay Co. *L. B. Andrews*

| Date Received | DATE OF DEATH |     |      | FULL NAME OF DECEASED | Sex | Color | Single, Married or Widowed | AGE   |      |      | PLACE OF BIRTH | DISEASE OR CAUSE OF DEATH | OCCUPATION | FULL NAMES OF PARENTS |        | BIRTHPLACE OF PARENTS |        | NAME AND ADDRESS OF ATTENDING PHYSICIAN |
|---------------|---------------|-----|------|-----------------------|-----|-------|----------------------------|-------|------|------|----------------|---------------------------|------------|-----------------------|--------|-----------------------|--------|-----------------------------------------|
|               | Month         | Day | Year |                       |     |       |                            | Years | Mos. | Days |                |                           |            | Father                | Mother | Father                | Mother |                                         |
| 3/23          | Feb           | 26  | 1899 | F. H. Border          | M.  | W.    |                            | 82    | 9    | 0    | Norway         | Pneumonia                 |            | A. S.                 | -      | Norway                |        | No M.D.                                 |

DIED 1899 Sep 28 at *Kragnes* *Clay* COUNTY  
 Cause of Death: Primary, *Indigestion* Duration,  
 Contributing, Duration,  
 Name, *Isabel Mary Lee* Residence,  
 Color, *W* Sex, *F* Age, *516* Married, *Y*  
 When Born, *Minn* Occupation,  
 Father: Name, *John T. Lee* Birthplace, *Iowa*  
 Mother: Maiden Name, *Alice M. Noble* Birthplace, "  
 Undertaker: Name, Burial: Place,  
 Residence, No. of Permit,

*Body found Apr 11*  
 DIED 1899 Oct at *Kragnes* *Clay* COUNTY  
 Cause of Death: Primary, *Drowning* Duration,  
 Contributing, *Resid in institutional* Duration,  
 Name, *Lie. M. E. Lian* Residence,  
 Color, *W* Sex, *M* Age, *55 or 60* Married, *unk*  
 When Born, Occupation, *Laborer*  
 Father: Name, Birthplace,  
 Mother: Maiden Name, Birthplace,  
 Undertaker: Name, Burial: Place, *V*  
 Residence, No. of Permit,

Twp. of *Moland* S. B. *Gundersen*

|      |     |    |      |                   |   |   |  |    |    |  |        |            |  |      |       |        |              |                    |
|------|-----|----|------|-------------------|---|---|--|----|----|--|--------|------------|--|------|-------|--------|--------------|--------------------|
| 4/14 | Feb | 15 | 1899 | Gudfrid H. Miller | M | W |  | 11 | 29 |  | Moland | Bronchitis |  | Olaf | Lynne | Sweden | Houston Minn | Dr. E. G. Marshall |
|------|-----|----|------|-------------------|---|---|--|----|----|--|--------|------------|--|------|-------|--------|--------------|--------------------|

# REGISTER OF DEATHS IN THE STATE OF MINNESOTA.

130

Twp. of *Kragnes* Clay Co. *L. B. Andrews*

| Date Received | DATE OF DEATH |     | FULL NAME OF DECEASED | Sex | Color | Single, Married or Widowed | AGE   |      |      | PLACE OF BIRTH | DISEASE OR CAUSE OF DEATH | OCCUPATION | FULL NAMES OF PARENTS |        | BIRTHPLACE OF PARENTS |        | NAME AND ADDRESS OF ATTENDING PHYSICIAN |
|---------------|---------------|-----|-----------------------|-----|-------|----------------------------|-------|------|------|----------------|---------------------------|------------|-----------------------|--------|-----------------------|--------|-----------------------------------------|
|               | Month         | Day |                       |     |       |                            | Years | Mos. | Days |                |                           |            | Father                | Mother | Father                | Mother |                                         |
| 3/23          | Feb           | 26  | F. H. Gorder          | M.  | W.    |                            | 82    | 9    | 0    | Norway         | Pneumonia                 |            | H. S.                 | -      | Norway                |        | No M.D.                                 |

DIED 1899 Sep 28 at *Kragnes* *Clay* (TOWN, RANGE, COUNTY)

Cause of Death: Primary, *Indigestion* Duration, \_\_\_\_\_

Contributing, \_\_\_\_\_ Duration, \_\_\_\_\_

Name, *Isabel Mary Lee* Residence, \_\_\_\_\_

Color, *W* Sex, *F* Age, *516* Married, *Y*

When Born, *Minn* Occupation, \_\_\_\_\_

Father: Name, *John T. Lee* Birthplace, *Iowa*

Mother: Maiden Name, *Alice M. Noble* Birthplace, *"*

Undertaker: Name, \_\_\_\_\_ Burial: Place, \_\_\_\_\_

Residence, \_\_\_\_\_ No. of Permit, \_\_\_\_\_

Attending Physician, *J. S. Egge* of *Moorhead*

Reported by, *H. Brandenbuhl* of *Kragnes*

Received for record on the \_\_\_\_\_ Disease contracted at \_\_\_\_\_

day of \_\_\_\_\_ 19\_\_\_\_

Twp. of *Moland* S. B. *Gundersen*

|      |     |    |                  |   |   |  |    |    |  |        |           |  |      |       |        |              |            |          |
|------|-----|----|------------------|---|---|--|----|----|--|--------|-----------|--|------|-------|--------|--------------|------------|----------|
| 4/14 | Feb | 15 | Edfrid H. Miller | M | W |  | 11 | 29 |  | Moland | Brnchitis |  | Olaf | Lynne | Jordan | Houston Minn | J. S. Egge | Marshall |
|------|-----|----|------------------|---|---|--|----|----|--|--------|-----------|--|------|-------|--------|--------------|------------|----------|



131

Twp. of *Moorehead*  
77421—PIONEER PRESS CO., Printers, Stationers and Blank Book Manufacturers, St. Paul, Minn.

Twp. of *Worcester*





132

Clay Co.

DIED <sup>YE.</sup> 1899 <sup>MO.</sup> Dec <sup>D.</sup> 18 at <sup>(TOWN, PARISH OR CITY)</sup> Oakport <sup>CC/INTV</sup> Clay

Cause of Death: Primary, Paralysis Duration,

Contributing, Duration,

Name, Catherine Probst <sup>Residence,</sup> <sup>YE.</sup> <sup>MO.</sup> <sup>D.</sup> Occupation,

Color, W Sex, F Age, 40 <sup>Married,</sup> 111

When Born, Ohio

Father: Name, Theo. Fred Luthman Birthplace, France

Mother: Maiden Name, Cath. Gully Birthplace, "

Undertaker: Name, ( )

Residence, No. of Permit, 7

Parker

# REGISTER OF DEATHS IN THE STATE OF MINNESOTA.

132

Twp. of

Park

Clay Co.

| Date<br>Received | DATE OF DEATH |     |      | FULL NAME OF DECEASED | Sex | Color | Single,<br>Married or<br>Widowed | AGE   |      |      | PLACE OF BIRTH | DISEASE OR CAUSE OF DEATH | OCCUPATION | FULL NAMES OF PARENTS |        | BIRTHPLACE OF PARENTS |        | NAME AND ADDRESS OF<br>ATTENDING PHYSICIAN |  |
|------------------|---------------|-----|------|-----------------------|-----|-------|----------------------------------|-------|------|------|----------------|---------------------------|------------|-----------------------|--------|-----------------------|--------|--------------------------------------------|--|
|                  | Month         | Day | Year |                       |     |       |                                  | Years | Mos. | Days |                |                           |            | Father                | Mother | Father                | Mother |                                            |  |
|                  |               |     |      |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |  |

Attending Physician, \_\_\_\_\_ of \_\_\_\_\_  
 Reported by Dr. Christensen of North  
 Received for record on the \_\_\_\_\_ Disease contracted at \_\_\_\_\_  
 day of \_\_\_\_\_ 19\_\_\_\_

Twp. of

Park



# REGISTER OF DEATHS IN THE STATE OF MINNESOTA.

133

Twp. of *Riverton* Clay Co. *O.G. Jansdale*

| Date Received | DATE OF DEATH |    | FULL NAME OF DECEASED | Sex | Color | Single, Married or Widowed | AGE   |      |      | PLACE OF BIRTH | DISEASE OR CAUSE OF DEATH           | OCCUPATION | FULL NAMES OF PARENTS |               | BIRTHPLACE OF PARENTS |        | NAME AND ADDRESS OF ATTENDING PHYSICIAN |   |
|---------------|---------------|----|-----------------------|-----|-------|----------------------------|-------|------|------|----------------|-------------------------------------|------------|-----------------------|---------------|-----------------------|--------|-----------------------------------------|---|
|               |               |    |                       |     |       |                            | Years | Mos. | Days |                |                                     |            | Father                | Mother        | Father                | Mother |                                         |   |
| 4/7           | Mar           | 19 | Alexander Conroy      | M   | W     | S                          | 3     |      | 14   | Minn           | La Grippe                           |            | Thos.                 | Kate          | Can                   | Ill.   | Dr. J.                                  | ✓ |
| 11/8          | May           | 27 | Geo. W. Grant         | "   | "     | "                          |       |      | 8    | "              | Cold                                |            | A. A.                 | Julia         | Me                    |        |                                         | ✓ |
| 11/10         | Aug           | 3  | Jerry Reedy           | "   | "     | "                          | 60    |      |      | N. Y.          | Accid. Perforation Bowels + Abdomen |            | Thos. M.              | Kate Stephens | Can.                  | Ill.   | Thos. Egge Co                           | ✓ |
| 11-1900       | Nov           | 26 | Bernard Conroy        | "   | "     | "                          | 1     | 1    | 2    | Minn           | Brain Fever                         |            |                       |               |                       |        |                                         | ✓ |

Twp. of *Skree* C. Mundrum

|       |      |    |                       |   |   |   |    |    |      |        |                          |         |          |          |        |        |                          |   |
|-------|------|----|-----------------------|---|---|---|----|----|------|--------|--------------------------|---------|----------|----------|--------|--------|--------------------------|---|
| 7/10  | Jan  | 31 | Ellie Bratland        | F | W | M | 62 | 7  | 8    | Norway | Typhus fever             | Farming | Evered   | —        | Norway | Norway | R. Patterson - Barnevill | ✓ |
| 7/10  | Feb  | 2  | Beathe Persson        | " | " | S | 0  |    | 024  | Minn.  | Dunk.                    |         | John P.  | Kustava  | Sweden | "      | None sp.                 | ✓ |
| 6/26  | May  | 4  | Leven Albert Skarsten | M | " | " | 21 | 4  | 17   | Skree  | Consumption              |         | Robert   | Anna     | Norway | Norway | J. Holmes Fargo N. D.    | ✓ |
| 9-14  | Aug  | 14 | Ella John             | F | " | " |    |    | 14   | "      | Unknown                  |         | Carl     | "        | Norway | Minn   |                          | ✓ |
| 10/20 | July | 23 | Arnold J. Bergard     | M | " | " | 1  | 4  | 23   | Minn   | Comelationis due to heat |         | Thos. O. | Martha   | Norway |        | at home                  | ✓ |
|       | Apr  | 21 | Martha M. Larson      | F | " | " |    |    | 4 17 | "      | "                        |         | Martai   | Mary     | "      |        |                          | ✓ |
| 12/7  | Nov  | 11 | Marin Oletha Holst    | " | " | " | 49 | 11 | 11   | Norway | Rheumatism               |         | H.C.     | Ragnild  | "      |        | Patterson                | ✓ |
|       | Dec  | 3  | Lena Swaford          | " | " | " | 14 |    | 18   | N.S.   | Heart Disease            |         | Germer   | Malbilly | N.S.   |        | Alexander                | ✓ |
| 12/20 | "    | 7  | Anna Jorgensen        | " | " | W | 57 |    | 7    | Norway | —                        |         |          |          | Norway |        |                          | ✓ |



134

Twp. of Shriner Prairie

| Date Received | DATE OF DEATH |     |      | FULL NAME OF DECEASED                   | Sex | Color | Single, Married or Widowed | AGE   |      |      | PLACE OF BIRTH | DISEASE OR CAUSE OF DEATH           | OCCUPATION | FULL NAMES OF PARENTS |           | BIRTHPLACE OF PARENTS |        | NAME AND ADDRESS OF ATTENDING PHYSICIAN |
|---------------|---------------|-----|------|-----------------------------------------|-----|-------|----------------------------|-------|------|------|----------------|-------------------------------------|------------|-----------------------|-----------|-----------------------|--------|-----------------------------------------|
|               | Month         | Day | Year |                                         |     |       |                            | Years | Mos. | Days |                |                                     |            | Father                | Mother    | Father                | Mother |                                         |
| 4/7           | Jan           | 4   | 1897 | Carl <del>Alfred</del> Alfred Houghwout | M   | W     | S                          | 1     |      | 18   | Lausen Minn    | Unknown                             |            | Lars                  | Ingeborg  | Nor                   | Minn   | None                                    |
| 7/11          | June          | 3   | 1897 | Mary Stephenson                         | F   | "     | "                          |       |      | 19   | "              | "                                   |            | Oscar                 | Louise    | Minn                  | Iowa   | —                                       |
| 10/9          | Aug           | 16  | 1897 | Oliver Mabel Nelson                     | M   | "     | "                          | 12    | 3    |      | Minn           | Inflammation <sup>Peritonitis</sup> |            | Ol                    | Christine | "                     | Norway | Patterson Barnesville                   |



