



## [Health Department Death Registers](#)

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# Marshall County

# REGISTER OF DEATHS IN THE STATE OF MINNESOTA.

405

Vil. of Argyle

Marshall Co.

O.C. Belcourt

| 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   |                                         |
| 4/8           | Mo            | 26  | Alice C. Rummels      | F   | W     | M                          | 40    | 4    | 3    | Minn              | Cancer Stomach 6-8         |            | Geo Hauscom           | Elizabeth  | Minn                  |          | R. J. Whittemore Argyle                 |
| 6/5           | May           | 13  | Hattie D. Stanton     | "   | "     | "                          | 38    | 9    | 6    | Prov. Ont. Canada | Spasmodic Epiglottis       |            | Henry J. Davis        | Harrlette  | Ont. Can              | Ont. Can | "                                       |
| 9-8           | Aug           | 3   | Felicit Boydell       | "   | "     | W                          | 69    | 5    | 23   | France            | Chc Gastritis              |            | Joseph Malvoisin      | Maria      | France                |          | O.C. Belcourt                           |
| "             | "             | 24  | Alice Johnson         | "   | "     | S                          | 26    |      |      | Norway            | ~ Dr. Rasmus Subse 10-10   |            | J. Erickson           | Marguerite | Norway                |          | R. Whittemore                           |
| "             | "             | 28  | Frank Miller          | M   | "     | S                          | 21    | 9    | 11   | Canada            | Shock after Amputation Leg |            | Lynnan Haller         | Philomena  | Canada                |          | O.C. Belcourt                           |
| 10/5          | Sept          | 4   | Leone Berggren        | F   | "     | "                          | 11    | 3    |      | "                 | Cerebral Meningitis        |            | Joseph                | Maria      | "                     |          | "                                       |
| 11/6          | Oct           | 31  | F. William Dorscheln  | M   | "     | M                          | 54    | 9    | 15   | Germany           | Appendicitis               |            | Fredrick              | Elizabeth  | Germany               |          | R. J. Whittemore                        |
| 12/6          | Aug           | 24  | Leidenhofen           | "   | "     | S                          |       |      | 1    | Argyle            | Sup. debility              |            | Nilo M.               | Mary E.    | Sweden                | N. S.    | "                                       |
| 1/1/90        | Feb           | 4   | Alma M. Eckblom       | F   | "     | "                          | 2     | 5    | 22   | "                 | Cup Bronch                 |            | Carl                  | Alma       | "                     | Swed     | O.C. Belcourt                           |
| "             | "             | 22  | Edgar M. Fraser       | M   | "     | "                          | 1     | 1    | 18   | "                 | Bronch Pneum               |            | Geo R                 | Florence   | Canada                |          | "                                       |

Vil. of Stephen

J. A. Larsen

|      |     |    |                 |   |   |   |  |  |   |         |            |  |          |          |        |  |              |
|------|-----|----|-----------------|---|---|---|--|--|---|---------|------------|--|----------|----------|--------|--|--------------|
| 5/11 | Apr | 25 | Herbert Stewart | M | W | S |  |  |   | Stephen | Still born |  | James B. | Gertrude | Canada |  | J. D. Taylor |
| 12/5 | Nov | 9  | B. Barnard Jr   | " | " | " |  |  | 1 | "       | Unknown    |  | B.       | Edith M. | N. Y.  |  | "            |

# REGISTER OF DEATHS IN THE STATE OF MINNESOTA.

406

Vil. of *Warren*

Marshall Co.

*G. J. Wattam*

| 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 |                                         |
| 10/20         | Sept          | 4   | John Olson            | M   | W     | D                          | 53    |      |      | Sweden         | Gastric Cancer            |            |                       |         | Sweden                |        | Aug Edmund Warren ✓                     |
| 11/9          | Oct           | 16  | Olive F. Rafferty     | F   | "     | M                          | 50    |      | 19   | Penn           | Diabetes                  |            | Francis Cook          | Olive   |                       |        | " ✓                                     |
|               | "             | 14  | Emma Loraline Hjerppe | "   | "     | D                          |       | 1    | 20   | Minn           | Insanition                |            | Peter M               | Emma C. | Sweden                |        | " ✓                                     |
| 12/9          | Nov           | 4   | Martha Synnema        | "   | "     | M                          | 68    | 11   | 18   | Norway         | Gastric cancer            |            |                       |         | Norway                |        | R. F. Whitelane Argyle ✓                |
| 1-9           | Dec           | 1   | Emily B. Brown        | "   | "     | "                          | 79    | 10   |      | It.            | Apoplexy                  |            | Simon Taylor          | Lucy    | R. I.                 | Mass   | G. W. Warren ✓                          |

Vil. of

# REGISTER OF DEATHS IN THE STATE OF MINNESOTA.

407

Twp. of *Alma*

Marshall Co. *Sw. Godfrey - Rott. Donaldson*

| 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>3/21</i>   | <i>Mar</i>    | <i>9</i>  | <i>Edwin A. Nygren</i> | <i>M</i> | <i>W.</i> | <i>S</i>                   | <i>0</i>  | <i>3</i> | <i>0</i> | <i>Alma Twp</i> |                                           |            | <i>Louis</i>          | <i>Carrie</i>         | <i>Sweden</i>         |        |                                         |
| <i>8/15</i>   | <i>June</i>   | <i>19</i> | <i>Anders Hakkenum</i> | <i>"</i> | <i>"</i>  | <i>M</i>                   | <i>45</i> | <i>4</i> | <i>4</i> | <i>Sweden</i>   | <i>Accident thrown from wagon &amp; b</i> |            | <i>Hakon Olsen</i>    | <i>Jurga Audusson</i> | <i>"</i>              |        |                                         |
|               | <i>July</i>   | <i>24</i> | <i>Olof P. Dahlén</i>  | <i>"</i> | <i>"</i>  | <i>M</i>                   | <i>85</i> |          |          | <i>"</i>        | <i>old age</i>                            |            |                       |                       |                       |        |                                         |

Twp. of *Angberg*

# REGISTER OF DEATHS IN THE STATE OF MINNESOTA.

408

Twp. of *Big Woods*

Marshall Co.

*J. T. Luedahl*

| 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 |                                         |   |
| 3/27          | Feb           | 15  | Maria Kuntson         | F   | W     | S                          | 0     | 0    | 3    | Big Woods Tp.  |                           |            | Heinrich              | Alana   | Mein.                 | Mein.  |                                         | ✓ |
| 6/10          | Apr           | 27  | Neseth                | M   | "     | "                          |       |      | 10   | "              | Unknown                   |            | H.C.                  | Anna    | U.S.                  | Me.    |                                         | ✓ |
| 1-3           | Nov           | 12  | Anna Eiden            | F   | "     | W                          | 70    | 4    | 27   | Norway         | Old age                   |            | He Eyring             | Marta   | Norway                |        |                                         | ✓ |
|               | Dec           | 14  | Anna S. Larson        | "   | "     | S                          |       |      | 3    | Big Woods      | -                         |            | Chas. Larson          | Bergali | "                     |        |                                         | ✓ |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
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|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
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|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |
|               |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |         |                       |        |                                         |   |

# REGISTER OF DEATHS IN THE STATE OF MINNESOTA.

Twp. of Boyville

Marshall Co. *Ed. Lommers*

| 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 |                                         |                   |
| 7/6           | Jan'y         | 12  | Jordan Lakin          | M.  | W.    | ♂                          | 19    | 0    | 20   | Carleton, Ill. | Rheum. Endocarditis       | Farmer     | Leander R.            | Nettie B. | Ill.                  | N.Y.   | G.D. Mattaus                            | Warren            |
| Twp. of Cedar |               |     |                       |     |       |                            |       |      |      |                |                           |            |                       |           |                       |        |                                         |                   |
| 3/5           | Apr 30        |     | Eliya Irensen         | F   | W     | M                          | 36    | 3    | 16   | Minn           | Consumption               |            | Nasel                 |           | Norway                |        | H. Grundy                               | Chief River Falls |
| 6/16          | May 27        |     | Eliya Fjelt           | "   | "     | S                          | 6     | 8    | 29   | S.D.           | —                         |            | Andrew                | Olga      | "                     |        |                                         |                   |
| 7-11          | June 14       |     | John Rasmussen        | M   | "     | "                          | 12    |      |      | Minn           | L. Consumption            |            | Fredrick              | Kastine   | Denmark               |        |                                         |                   |



# REGISTER OF DEATHS IN THE STATE OF MINNESOTA.

411

Twp. of Eagle Point

Marshall Co.

Aug Low

| 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 |                                         |
| 9/11          | Feb           | 15  | Mrs. Monson           | F.  | W     | M                          | 71    | 0    | 0    | Sweden         | Old Age                   | Farming    | —                     | —      | Sweden                |        | No M.D.                                 |
| 10/4          | Sept          | 19  | Schroder              | M   | "     | D                          |       |      |      | vs Eagle Point | —                         |            | Wm.                   | H.     | His                   |        | Capp + Cunningham Drayton M.D.          |

2

Twp. of East Valley J.A. Torum

|      |      |    |                     |   |   |   |    |    |    |        |               |         |               |       |        |  |                |
|------|------|----|---------------------|---|---|---|----|----|----|--------|---------------|---------|---------------|-------|--------|--|----------------|
| 9/4  | Feb  | 12 | Martin Lovikerson   | M | W | D | 15 | 4  | 19 | Minn.  | Consump.      | Farming | Leivstam      | Mary  | Norway |  | J. Holte       |
| 7-11 | June | 9  | Theodor Malin Linen | " | " | " | 1  | 4  |    | "      | "             |         | J.            | Helga | "      |  | No M.D.        |
| 1-25 | Nov  | 29 | Peter Dahlstrom     | " | " | " | 28 | 11 | 28 | Sweden | Typhoid Fever |         | Norvald Linen | Harri | Sweden |  | G. F. Blomberg |
|      | Dec  | 9  | Osca G. Blum        | " | " | M | 26 |    |    | U.S.   | Consumption   |         | W. Blum       | Anna  | Norway |  | Franklin       |

412

Marshall Co. *S. Harring*

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

| Twp. of Fildahl B.S. Haug |        |                    |   |    |    |    |   |    |         |            |        |              |        |        |        |              |        |   |
|---------------------------|--------|--------------------|---|----|----|----|---|----|---------|------------|--------|--------------|--------|--------|--------|--------------|--------|---|
| 7/8                       | Jan 27 | Jimmie J. Haug     | 7 | Y. | M. | 22 | 5 | 3  | Sweden  | Long Jewer | Farmer | Andrew Olson | Lida   | Sweden | Sweden | A.S. Mattson | Warren | ✓ |
| 87-8                      | June 1 | Nils Jacob Johnson | 7 | "  | S  |    |   | 20 | Fildahl | unknown    |        | Jacob        | Harrie | "      | "      | —            |        | ✓ |

# REGISTER OF DEATHS IN THE STATE OF MINNESOTA.

413

Twp. of Fork

Marshall Co.

J. P. Linn

77421—Wheeler-Pearce Co., Printers, Stationers and Blank 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 |                                         |
| 6/5           | May           | 7   | Barnabe Linn          | M   | W     | W                          | 76    |      |      | Leau           | Typhoid fever             |            | Anders Linn           | Melena | Canada                |        | La Borge                                |
| 7-5           | Feb           | 10  | Bridget Melham        | F   | "     | M                          | 75    |      |      | Ireland        | Dropsy                    |            | James Follerton       | Mary   | Ireland               |        | Countingman Drayton H. D.               |
| 10/4          | Sept          | 3   | John Olem Soderlund   | M   | "     | "                          | 74    |      |      | Sweden         | Unknown                   |            | Ole                   |        | Sweden                |        | Mark Stephen                            |

Twp. of Grand Plain

H. Rundkum

|      |      |    |               |   |   |   |    |    |    |      |                    |      |        |          |         |      |                                |
|------|------|----|---------------|---|---|---|----|----|----|------|--------------------|------|--------|----------|---------|------|--------------------------------|
| 7/6  | Jan  | 24 | Mabel Olson   | F | W | D | 8  | 8  | 24 | Wis. | Sink.              | 4-10 | Martin | Martha   | Norway  | Wis. | Dr. Grundy - Thief River Falls |
| 8/4  | July | 7  | Malvin Olson  | M | " | " | 4  | 8  | 11 | "    | Drowned            |      | Martin | Martha   | "       | "    |                                |
| 11/4 | Oct  | 3  | Peter Clausen | " | " | " | 13 | 11 | 9  | Iowa | Abscess in abdomen |      | Peter  | Margetha | Germany |      |                                |

# REGISTER OF DEATHS IN THE STATE OF MINNESOTA.

414

Twp. of Holt

Marshall Co. N. Hansen

| 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 |                                         |
| 2/11          | Jan           | 18  | Pearl Ekedalen        | F.  | W.    | ♂                          | 0     | 3    | 0    | Holt, Minn.    | La grippe                 |            | K.B.                  | Emma      | Norway                | Minn.  | No M.D.                                 |
| 3/4           | Feb           | 5   | Christoffer Hansen    | M   | "     | ♂                          |       |      |      | Norway         | Cataract of Stom.         | Bedder     | K.E.                  | —         | "                     | Norway | "                                       |
|               | "             | 16  | Ester A. Elden        | F   | "     | "                          | 0     | 3    | 24   | Minn.          | Brain Dis.                |            | P.                    | Lina      | Sweden                | "      | "                                       |
| 4/11          | Mar           | 1   | Amytha A. Hindley     | M   | "     | M                          | 43    |      | 20   | Sw             | Blood poison Erysip.      | 5-6        | Amelia Sandstrom      | Maria     | Norway                | "      | Blomberg St Helene                      |
|               | "             | 18  | John H. Johnson       | "   | "     | "                          | 45    | 5    | 5    | Swed           | Kidney sickness etc.      | 5-5        | John Pedersen         | Julia     | Sweden                | "      | Grandy Chief River Falls                |
| 6/9           | May           | 4   | Lidia D. Bengtson     | F   | "     | F                          | 1     | 9    | 21   | Holt Minn      | Unknown                   |            | Pete                  | Lidia     | "                     | "      | "                                       |
| 7-8           | June          | 26  | Christine Backman     | F   | "     | "                          | 54    | 7    | 24   | Sweden         | Heart disease             |            | Ole Salen             | Christine | "                     | "      | —                                       |

Twp. of Lincoln

C. Carlsson

|      |     |    |                |   |   |   |   |  |      |         |        |  |       |           |        |   |  |
|------|-----|----|----------------|---|---|---|---|--|------|---------|--------|--|-------|-----------|--------|---|--|
| 11/6 | Oct | 17 | Oscar Carlsson | M | W | ♂ | 2 |  | 47   | Lucerne | Burned |  | Chas. | Anna      | Sweden | — |  |
|      | Nov | 1  | Hugo Carlsson  | " | " | " |   |  | 3 12 | "       | —      |  | Erick | Christina | "      | — |  |

# REGISTER OF DEATHS IN THE STATE OF MINNESOTA.

415

Twp. of *McLean*

Marshall Co.

*C. Johnson*

| 77271 - COLUMBIA PAPER CO., PRINTER, MANHATTAN AND BROADWAY MANUFACTURING, 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 |                                         |          |   |
| 4/10                                                                                       | Feb           | 23  | Quetina Forsberg      | F   | M     | M                          | 70    | 9    |      | Swed.          | Rheumatic                 |            | Anders Skogberg       | Katrine | Sweden                |        | Leas                                    | Brooklyn | ✓ |
| 5/4                                                                                        | Apr           | 30  | Matilda O. Olem       | M   | "     | "                          | 28    |      |      | "              | Consumption               |            | Ole O.                | Marie   | "                     |        | J. A. Heltan                            | Harren   | ✓ |

Twp. of *Marsh Grove* *John Rundson*

|            |            |           |                       |          |          |          |           |          |           |               |                       |               |               |                 |               |               |                     |               |                                     |
|------------|------------|-----------|-----------------------|----------|----------|----------|-----------|----------|-----------|---------------|-----------------------|---------------|---------------|-----------------|---------------|---------------|---------------------|---------------|-------------------------------------|
| <i>7/5</i> | <i>Jan</i> | <i>20</i> | <i>John Benson</i>    | <i>M</i> | <i>M</i> | <i>S</i> | <i>23</i> | <i>9</i> | <i>21</i> | <i>Sweden</i> | <i>Consump.</i>       | <i>Farmer</i> | <i>John</i>   | <i>Bobbalda</i> | <i>Sweden</i> | <i>Sweden</i> | <i>C. E. Beland</i> | <i>Argyle</i> | <input checked="" type="checkbox"/> |
|            |            | <i>27</i> | <i>Helmer A. Lund</i> | <i>"</i> | <i>"</i> | <i>"</i> | <i>0</i>  | <i>4</i> | <i>23</i> | <i>Minn.</i>  | <i>Winter Cholera</i> | <i>"</i>      | <i>Gle H.</i> | <i>Amanda</i>   | <i>Norway</i> | <i>Minn.</i>  | <i>W. M. P.</i>     |               | <input checked="" type="checkbox"/> |

# REGISTER OF DEATHS IN THE STATE OF MINNESOTA.

416

Twp. of Middle River

Marshall Co.

H.B. Muesch

| 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 |                                         |
| 7-6           | June          | 10  | Nels Magnus Erickson  | M   | W     | M                          | 61    | 2    | 9    | Sweden         | Pneumonia                 |            |                       |        | Sweden                |        | R. F. Hildstone                         |
| 11/6          | Oct           | 3   | Paul Wolfgram         | "   | "     | D                          | 9     | 21   |      | Argyle         | Dysentery                 |            | Otto                  | Annie  | Sw                    | Lois   | O. L. Bilewicz                          |

Twp. of Nelson Park

E. E. Stromgren

|      |     |   |                 |   |   |   |    |   |    |        |               |  |               |      |        |  |              |
|------|-----|---|-----------------|---|---|---|----|---|----|--------|---------------|--|---------------|------|--------|--|--------------|
| 11/3 | Oct | 3 | Nils J. Homberg | M | W | W | 35 | 8 | 16 | Sweden | Heart failure |  | J. J. Homberg | Anna | Sweden |  | J. D. Taylor |
|------|-----|---|-----------------|---|---|---|----|---|----|--------|---------------|--|---------------|------|--------|--|--------------|

# REGISTER OF DEATHS IN THE STATE OF MINNESOTA.

417

Twp. of New Falden

Marshall Co.

SB. Babke

| 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 |                                         |
| 5/4           | Apr           | 7   | Jonette Hanelah       | F   | W     | Wid                        | 74    | 5    | 13   | Nor            | La Grippe                 |            | Ole                   | Anne     | Nor                   |        |                                         |
|               | "             | 24  | Carl Einar Bakke      | M   | "     | S                          | 18    | 1    | 28   | "              | Typhoid fever             |            | Oye B.                | Bredine  | "                     |        | R. F. Whitstone Argyle                  |
| 10/10         | Sept          | 14  | Ragna Olen            | "   | "     | S                          |       |      | 1/3  | Min            |                           |            | H. Olen               | Ingeborg | "                     |        | -                                       |
|               | "             | 17  | Ed Thompson           | "   | "     | M                          | 37    | 4    | 18   | Norway         | Consumption               |            | Theodore              | Elvira   | "                     |        | -                                       |
|               | "             | 18  | Karmin Olen           | "   | "     | S                          |       |      | 7    | Min            |                           |            | E.                    | Ingeborg | "                     |        | -                                       |
| 1-3-14        | Dec           | 25  | Oliver Rierson        | "   | "     | "                          | 12    | 11   | 28   | "              | Measels                   |            | Peder S.              | Anne     | "                     |        | -                                       |
|               | "             | 31  | Edmer Adolph          | "   | "     | "                          |       |      | 7 11 | "              | " + Influenza Lung        |            | Antoin Johnson        | Helga E. | Sweden                | Norway | -                                       |

Twp. of New Solem Knute Nelson

|        |      |    |                     |   |   |   |    |    |    |        |                       |     |                |        |        |        |                                |
|--------|------|----|---------------------|---|---|---|----|----|----|--------|-----------------------|-----|----------------|--------|--------|--------|--------------------------------|
| 7/4    | July | 14 | Anne S. Gulseth     | F | W | W | 89 | 6  | 27 | Norway | Supposed Cold Age     |     | Lara           | Kari   | Norway | Norway | NO M.P.                        |
| 3/3    | Feb  | 11 | Ingeborg Larsen     | " | " | M | 39 | 0  | 0  | "      | Lung Dis. Consumption | 5-5 | Jacob Hegund   | Birgit | "      | "      | Holte                          |
| 4/7    | Mar  | 5  | Bert Remmeur        | " | " | " | 67 | 4  |    | "      | Ch. Bright's Disease  | 5-5 | Just St. Louis | Ingrit | "      | "      | Blomberg St. Helene            |
|        | "    | 9  | Hans Hansen         | M | " | " | 88 | 5  |    | "      |                       |     | Hans S.        | Margit | "      | "      | H. Holte Brookston             |
| 7-11   | June | 9  | Christian Geraldson | " | " | S | 17 |    | 20 | "      | Accidentally shot     |     | Bjergum        | Marit  | "      | "      | Dr. Francis King Roberts Falls |
| 1-6-14 | Dec  | 7  | John Moe Nelson     | " | " | " | 10 | 10 | 7  | Min    | Measles               |     | Petersen       | Emma   | Norway |        | -                              |

# REGISTER OF DEATHS IN THE STATE OF MINNESOTA.

418

Twp. of Oak Park

Marshall Co.

J. H. Wang

| 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 |                                         |
| 3/10          | Feb           | 14  | Jos. Patterson          | M.  | W.    | M.                         | 76    | 0    | 0    | Ireland        | Ht. Disease               | Farmer     | Jos.                  | Mary              | Ireland               |        | Conway Grand Forks                      |
| 5/10          | Apr           | 7   | Halborg Mattson         | F   | "     | "                          | 66    | 1    | 27   | Sweden         | "                         |            | Mattis Pelton         | Karin Hendrickson | Sweden                |        |                                         |
| "             | "             | 24  | Anton Loring            | M   | "     | "                          |       | 3    | 16   | Min            | Unknown                   |            | Anton                 | Annie             | Nor                   |        |                                         |
| 7-14          | "             | 17  | Follof Eide             | "   | "     | "                          | 48    | 4    | 7    | Norway         | Shot Himself              |            | Follof Eide           | Margit Eide       | "                     |        |                                         |
| "             | June          | 22  | Kittel Nelson           | "   | "     | W                          | 85    | 4    | 27   | "              | old age                   |            | Nels                  | Kari              | "                     |        |                                         |
| 8/9           | July          | 5   | Lari Halverson          | F   | "     | "                          | 66    |      |      | "              | Consumption               |            | Halvor Svensen        | Lari              | "                     |        |                                         |
| 11/8          | Oct           | 7   | Oscar Linderoth         | M   | "     | "                          |       | 8    | 23   | Min            | Cramps                    |            | Martin H.             | Caroline          | Sweden                |        | Western                                 |
| 12/11         | Nov           | 20  | Erik Erickson           | "   | "     | M                          | 46    | 6    | 13   | Norway         | Typhoid fever             |            | Erik Olem Bratton     | Kari              | Norway                |        | " + Engstad Grand Forks                 |
| "             | "             | 21  | Elida Cecilia Pettersen | F   | "     | "                          | 1     | 7    | 15   | Min            | Pneumonia                 |            | Gustaf                | Caroline          | Sweden                |        | "                                       |
| 1-5-1900      | Dec           | 26  | Johanne Haugen          | "   | "     | M                          | 29    | 3    | 6    | Norway         | Consumption               |            | Lars Larsen           | Ingeborg          | Norway                |        | Grønmo                                  |

Twp. of Parker

# REGISTER OF DEATHS IN THE STATE OF MINNESOTA.

Tw p. of

*Simot*

Marshall Co.

H. Hoyer

| 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 |                                         |      |
| 5/6                                 | Apr           | 26  | Paul Christian Jann   | M   | W     | S                          | 17    | 4    | 28   | Mower Co Minn  | Typhoid. Pleura & lungs & heart failure. Unknown |            | Jonas Peter           | Christina | Denmark               |        | W. Hough                                | Mpls |
| 11/3                                | Oct           | 17  | Hughes Emmott         | "   | "     | "                          |       |      | 7    | Emmott         | Infant trouble                                   |            | Peter J.              | Catherine | Ireland               | Iris   |                                         |      |
| Twp. of Spruce Valley S. D. Johnson |               |     |                       |     |       |                            |       |      |      |                |                                                  |            |                       |           |                       |        |                                         |      |
| 6/7                                 | May           | 21  | Edward Erickson       | M   | W     | S                          | 27    | 7    | 13   | Minn.          | Typhoid fever                                    |            | Ole                   | Hari      | Norway                | Loc    | Brooklyn                                |      |
| 10/10                               | Aug           | 9   | Johan August Lonn     | "   | "     | "                          |       |      | 28   | "              | Cant tell                                        |            | John A Lonn           | Christina | Sweden                |        |                                         |      |

420

Marshall Co.

John Hughes

Two of Chief Lake  
11/2 Oct 21 Annie P. Mon.  
11/24 Nov 5 Emory Hare

# REGISTER OF DEATHS IN THE STATE OF MINNESOTA.

421

Twp. of *Gran*

Marshall Co. *A. J. Sundquist*

| 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 |                                         |
| 7/10          | Jan           | 11  | Henning L. Rantstrom  | M   | W     | S                          | 0     | 3    | 14   | Saga, Minn     | Cramp                     |            | C. E.                 | Lina   | Sweden                | Sweden | No M.D.                                 |
|               | "             | 17  | And. S. Anderson      | "   | "     | "                          | 0     | 4    | 23   | "              | Apoplexy                  |            | Francis               | Anna   | "                     | "      | "                                       |
| 4/12          | Feb           | 11  | Henning Larin         | "   | "     | "                          | 21    |      |      | Sweden         | Inflam. Lungs             |            | Carl Persson          | Eemmo  | "                     | "      |                                         |
| 5/8           | Mar           | 14  | Uladus Isafella Holm  | F   | "     | "                          | 6     |      |      | Rega           |                           |            | Eric A.               | Louisa | "                     | "      |                                         |
| 11/9          | Oct           | 6   | Hedvig Christina Ek   | "   | "     | W                          | 84    | 4    | 7    | Sweden         | old age                   |            |                       |        | "                     | "      | —                                       |
|               | "             | 28  | Martha Wickstrom      | "   | "     | M                          | 63    | 11   | 27   | "              | Heart Disease             |            |                       |        | "                     | "      | —                                       |
| 1/15/1900     | Dec           | 28  | Anika Anderson        | "   | "     | W                          | 34    | 9    | 19   | "              | Apoplexy                  |            |                       |        | "                     | "      | —                                       |

Twp. of *Pikings*

*Aug. Peterson*

5/ 4/22 Mar 25 Bernard N. Moller M W M 73 1 3 Sweden old age

REGISTER OF DEATHS IN THE STATE OF MINNESOTA.  
Marshall Co.

422

Twp. of *Hanger*  
77421—PIONEER PRESS CO., Printers, Stationers and Blanks

Marshall Co.

| 77231—Foster Press Co., Printers, Stationers and Blank Book 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 |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        |                       |        |                                            |
|                                                                                            |               |     |                       |     |       |                                  |       |      |      |                |                           |            |                       |        | </                    |        |                                            |

# REGISTER OF DEATHS IN THE STATE OF MINNESOTA.

423

Twp. of *Hust Valley* Marshall Co. *de Thompson*

| 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 |                                         |
| 3/14          | Feb           | 15  | Holmlund              | F   | W     | D                          | 0     | 0    | 15   | Hust Valley    |                           | Farmer     | August                | Emma    | Sweden                |        | No M.D.                                 |
| 4/4           | Mar           | 1   | Mabel S. Holmlund     | "   | "     | "                          | 3     | 7    | 2    | "              | Scarlet Fever             |            | "                     | "       | "                     | "      |                                         |
| 4/11          | "             | 29  | Elin Adeline Erikson  | "   | "     | "                          | 1     | 8    | 12   | "              | La Grippe                 |            | Gotthard              | Anna M. | "                     | "      |                                         |
| 6/6           | May           | 13  | Emilie O. Synd        | "   | "     | M                          | 26    | 11   | 19   | Amway          | Consumption               |            | John Bjergaard        | Sophie  | Amway                 |        | R. F. Whitteme Argyle                   |

Twp. of *Haight John Kratzek*

|      |      |    |                  |   |   |   |    |   |    |         |                |        |                 |          |        |  |                 |
|------|------|----|------------------|---|---|---|----|---|----|---------|----------------|--------|-----------------|----------|--------|--|-----------------|
| 3/7  | Feb  | 12 | Julia Gaucha     | F | W | M | 19 | 8 | 0  | Poland  | Blood Poison   | Farmer | Michael         | Francis  | Poland |  |                 |
| "    | "    | 23 | John             | M | " | D | 0  | 0 | 16 | America |                |        | Lorraine        | Julia    | "      |  |                 |
| 6/14 | May  | 24 | Kazimir Blauski  | " | " | " |    |   | 2  | Amer.   |                |        | Marcian         | Victoria | "      |  | Whitteme Argyle |
| "    | "    | 27 | Victoria         | F | " | M | 33 |   |    | Poland  | Pneum. Influen |        | Victor Bonawski | "        | "      |  |                 |
| 7-5  | June | 11 | John H. Holmlund | M | " | S |    | 6 | 21 | Amer    | Summer Compl.  |        | John            | Johnna   | Sweden |  |                 |

# REGISTER OF DEATHS IN THE STATE OF MINNESOTA.

424

Twp. of *Roller*

Marshall Co. *Yadrow*

| 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 |                                         |
| 6/8           | Apr           | 27  | Hilda Lee             | F   | W     | D                          | 11    | 5    | 15   | Clayco Minn    | Lung trouble              |            | Myrt                  | Julia  | Norway                | Swi    |                                         |
| 10-24         | Sept          | 15  | Martin Sorensen       | M   | "     | M                          | 53    | 3    | 7    | Ht.            | old age                   |            | Jesse                 | —      | —                     | —      |                                         |

Twp. of *Valley*  
 12/15 *Apr 6* *Nettle Olem*  
*Oct 18* *ole* "

*A.O. Hadland*

*M W D* *2* *Minn*  
*" " " 16 4* *N. D.*

*Consumption*

*ole J. Hyon* *Lie*  
*ole Karkelom* *Anna*

*Norway*  
*"*