

Health Department Death Registers

Copyright Notice:

This material may be protected by copyright law (U.S. Code, Title 17). Researchers are liable for any infringement. For more information, visit www.mnhs.org/copyright.

Red Lake County

Vil	cf (led Pape Falls	Re	d L	TE	Co		9. Len	DEA	THS IN TH	E 31	AIL)F WIII	NNES	OIA.	611
Date	DATE OF DEATH	FULL NAME OF DECEASED	Sex	Color	Single, Married or Widowed	Years			PLACE OF BIRTH	DISEASE OR CAUSE OF DEATH	OCCUPATION	FULL NAM Father	ES OF PARENTS Mother	BIRTHPLACE Father	OF PARENTS Mother	NAME AND ADDRESS OF ATTENDING PHYSICIAN
	Febru 19	Olivier Lafremere	211		M.		0		Parado	Paralysis				Canada	Canada	9 Lewis Red Lake Fall
	Mah 13	- 1	111.	"	8		3		Muis	Enters - Colitie	Marie B	angues	Marie	·	Wii.	n. M. Wation
	and the same of th			000	-				mu	Hydrocapholus		Hildege	Lydia		Min	I Lewiens
		almer Latendresse	11		ц		1			10 . 0 .		napolem	atala	" 6	au.	V . / C.
	CONTRACT OF THE PARTY OF THE PA	many ama gagie	7		1	1	1 2	7	ıı	leisebilie				His	Munic	n. m. walen
	1	^	m	,	11	.//		7	"	Premalure Buth		Savid	Mary			11. M. waren
		Lugsburg nelson	1	"	m	46	,		may	Tonsilitis		ole	anna	Monray	norway	1 2 .
		Parky Rush	711	1.	D		Н		uu.	Cholina Infaulum		morth	martha	0	many	J. Lemeny
	. 23	John beollins	"	"	m	58		2	lle	Hydropen carditis		Rusning	Sarah	de	land	//
	rur 1	Rhode Bourdon	7	,,	h	86		7	n. y.	ansemia		abraham	Mary	Canada		
	1, 23	June Spillane	p	ıı	D	1	9	14 7	Min	Sighthentic Group		William	Rose	Pa.	wise	n. m. water
	Dec 17	Babe Robillard	m	,,	"		1	21	` "	ansemia		Teleupon	ann	, Car	cada	*
	and the same of th	Loren leviller	1,	"	"		7	Ru	d Lake Falls	Entirités		Ferdinand	Dice	lean,	Muin	
	1						,									
. 7		A.1. 21'A '														
		Mr. Hilaire many Nokanson			ohner M		3	11 4	Amed	Dynespe folg Confirmen	4	m. Johnson		Sh	due	a.J. Blanburgh St Hila
	19	P							20 14	Colombal 900000 million		Am.	Emily			11. Francis
	11.12	(101) Nandan	5	P	1	34	,,,	SI	Nie-	Celambal Januarie - nephritie		Mils	mary .	A	Eden	a. F. Blineberg
	m 13	alpha Hokauem	/	"	m	21	11	5	Donne	"		andersander				
	May 3	netter samand	m	"	///-	16	4	1 /	Romay	Consemption		11 .		JW	may	,
	" 14	Lars R. Kalstad Druch	111	1	"	48	6	10 (1	11.	Pentonilis Hermin 9.0		Smed	Mari	2	"	"
	1" 24	Druch	1	,,	5	,		10 St.	Helace	101 Huour . a.A.	•	Laus K	Malinda	da m	Case	
		Martin a . Holetad		"	4	6	2	13	4	Depletina		,	Mutha M.		may	*
	guly 4	Sophia S- Noff	7	1,	"	4	8	13	"			IM.	Betsey Hoff	-	"	,,
	0 '															
									,							
						1 1	1									
							42									

REGISTER OF DEATHS IN THE STATE OF MINNESOTA. 6 DISEASE OR CAUSE OF DEATH M 6/ 5-6 N.X. Fatty deg. of the cirth Properly Merchand Alfred Thath Many 5 14/0 4 Menini La brippie Working Working Martin Bertha Ohn, Ediga Whing This River Falls Turknown q-6 Martin Ridel Many 17 Mil River Falls Dr not Know of 10 Austria Adel Drowning John Many 6.1 16 4 17 This River falls Dr not Know of 10 John Many 6.1 19 5 9 Affaul Drowning Laurence Jennie Wiltert Fifler Limbled Vil. of

REGISTER OF DEATHS IN THE STATE OF MINNESOTA. 651

Two. of Black Rule Red La ze Co.

Red La ze C Two. of Brown J. E. Pelinen

7.5 July 12 Carl Kling Nelen M W V 2 17 Minn Curknown

1. 30 Estter albertung akerland J ... 9 2 25

11/12 Liph 26 Christina Hogetrom ... m 45

11/12 Nor 27 Erik le. Lee M 30 10 26 Norman Consumption Cola. Auna Arrelen Ankers J. Christina "Blombuy L Christian Lee - Horney H. HalleREGISTER OF DEATHS IN THE STATE OF MINNESOTA.
Red Lake Co. 1.0 G.1

652

77121=1	OL THESE	S CO. THE	May de State Book Manufacturers, St. Paul, Mina.	R9	d L	alte	Co).	C. E.	ask								W •		
	DATE OF DI		FULL NAME OF DECEASED	Sex	Color	Single, Married	or —	AGI Mos	E Days	PLACE OF BIRTH	DISEASE OR CAUS	SE OF DEATH	OCCUPATION	FULL NAM	ES OF PARENTS Mother	BIRTHPLACE Father	OF PARENTS Mother	NAME AND ATTENDING		
and the second s		between the state of	01.11.24.01										Farmer		Q	24.	iio			1
ablum	Mely	30.	adolf W. Johnson Isaac Morisette	M	11.	m	69	10	9	mun.	Kidney Dise	are	Tarme.	David	Selia Darn	Fra	nee			/
7) 1/1700	<i>.</i>		come moracue	μ	"	,,,	1	,,,		Trace	occurrence of the second								*	1
												1								
							-													
Twy	o. of	}	Terrias a. Patr	orts																
4/4	Febru	, 9	Adelina M. Xonnekeine Adelina Marceile Basil Emard Axel Christifferen	7.	21.	15.	10	, 0	0	Wis.	Lung Jever		Farmer	august	christina	Lucy	dur	9. Leweix	Red L. Falla	, V
5/5	apri	6	Dolphin marceile	h		m	25	- 5	-	lean	Confinement	comp. Jung. 5		misem	Dolphin	lea	4	4	1	•
9-12		15	Basil Emard	m	.,	N	80	9	,	."	miknown				,			"	٨	
12/11	och	26	axel Christifferen	,,	,,	m	3-	7 5	20	Fraden	not stated	v.K.		_	1-	-	-	-		~
•			V V																	
9.																				
									+											
		H																		
1																				
																				To Car
	13																			

653

Twp	OI	Falle Gleasau.										1		NAME AND ADDRESS OF THE PARTY AND ADDRESS OF T	OF BURENES	NAME AN	D ADDRESS OF
Date Received	Month Da	FULL NAME OF DECE	ASED	Sex	Color M	Single, larried or - Widowed	A Years 1	GE Mos. Days	PLACE OF BIRTH	DISEASE OR CAUSE OF DEATH	OCCUPATION	FULL NA	AMES OF PARENTS Mother	BIRTHPLACE Father	Mother	The state of the s	NG PHYSICIAN
7-6	Meh 1:	Josephui Perr Leonard Peusa	ault nault	.7. m	<i>N</i> .	<i>S.</i>	11 :	8 10	Muis. Lake Plat	Consump.	Farmer	Char. Michael	Philoness Maggie	Can	ada	9. Lemens	Red L Falls V
														2			
															4		
Twi	o.cf	Lambert Los	mi A	once	t												
1/8	Febry 2	2 Marie Lecon 1 Theophile Pay	r gneut	7 M	74 .	M	0	4 6	Canada .	Brokey as yellow alimply Liver Gruffe Bom Dead	4,5	antonie Gev.	Elizabeth Melie	lan.	Mich	J.C. Lessie	
8/7	June 1	7 CL	uest	m	"				Jambers	Bom Dead		Lev.	Olemie	Ca	u .	V.C. Leson	•
										*							
														**			
					3 -												

Twr	o.of	fourville R1	ΞGΙ Red	ST I	ER O	F DEA	THS IN THI	E ST	ATE	of MI	NNES	SOTA.		
77421- Date	DATE OF DEATE	FULL NAME OF DECEASED			e, AGE dor wed Years Mos. Da		DISEASE OR CAUSE OF DEATH	OCCUPATION	FULL NAM	IES OF PARENTS Mother	BIRTHPLAC Father	CE OF PARENTS Mother	NAME AND ADDRESS OF ATTENDING PHYSICIAN	
		ay					Consump. Brachilis Hlage Lung Fracase OK 1010	Farmer	Paul E.R.	Clarenthe augelina	7.9.	lan.	9 Lewienx Red Lake to	ille 1
8/24	may 3	Remie Damin	1	" W	48	1	Heage.			4	dance	//	"	~
/	June 30	Eustice Payment	"	. m	05	17	Lung Dracase of 1010		8.	Many	4	Paer	malson .	V
		DIED /899 Jan	, i	2 (TOWN,	WILAGE CITY P. COUNTY	Luke								
		Cause of Death: Primary,			Duration,					*				
		Contributing,	40	• /_ Resid	Duration, -	/								
		Name, Haller F Color, N Sex, 7 When Born, Munic	M Age,	YR. MO.	17 Married 29	>								
		When Born, Muric Father: Name, 74	-	Occupation,	rthplace, Ler									
		Mother: Maiden Name	in Fro	myBi	rthplace,									
		Undertaker: Name, Residence,	(No. of F										
Tw	n. of	Morden	10 M	9	1000									
Tw Sw	n. of	Morden &	m	goars	dseu.	min	Dom Sead		ăn.	Euwo	nn	Ared		
Two fre	n - f July 19	Morden s Megland g olen	m l	goars U &	dseu_ 6	Muin "	Som Stad Crawjes		An. Fred.	Euwo	nn Areden	Ared		
Two Fra 1414	n -f July 19 Nur 20	Morden s Megland olsen	M 1	302 s	doen 6	Muin "	Som Stad Cramps		An. Fred.	Euwo	nor Arrelen	Ared "		
Two for 1414	n - f July 19 Num 20	Morden s Megland olsen	'M 1	30a 3	deen.	Muin "	Som Stad Crawps		An. Fred.	Euwo	Mor Arreden	Ared "		
Tw Fre 1414	nf July 19 Num 20	Morden &	m	Goars U & " "	dseu.	Muin "	Som Stad Crawps		An. Fred.	Euwo	Mor	Ared		
IW 1414	nf July 19	Morden s Megland Olsen	m	Goars U &	doen.	Muin "	Som Stad Cramps		An. Fred.	Euwo	Mw Arrelen	Ared		
Iw 1914	nf	Morden & Megland olsen	m	Goars U &	dsec. 6	Minn "	Som stad Cramps		An. Fred.	Euwo	Mor Arrelen	Ared		
Iw 1914	n-f July 19 Non 20	Morden A Megland Olsen	'M !	Goass U A " "	dseu_ 6	Muin "	Som Stad Cramps		ån. Fred.	Euwo	Mor Arreden	Ared		
Iw 822 1414	nf July 19 Num 20	Morden & Megland olsen	m	Goars U & " "	dseu.	Murin "	Som Dead Cramps		An. Fred.	Euwo	Morden			
Tw /20 /14/14	n -f July 19 Num 20	Morden & Megland olsen	m	Goars U & " "	doen 6	Murin "	Dom Deed Cramps		An. Fred.	Euro	Moraden			
Two for 1414	nf	Morden & Megland olem	m	Goars U & " "	dsec.	Muin "	Dom Stad Crawps		An. Fred.	Euwo	Moraleu			
IW 1414	n-f July 19 Non 20	Morden & Megland olem	m	Goars U \(\forall \) " "	dsec. 6	Minn "	Dom Dead Crawps		An. Fred.	Euwo	Moraden			
Tw Fra 1414	n -f July 19 Non 20	Morden & Megland olem	m	Goars U & " "	dseu.	Muin "	Dom Stad Cramps		An. Fred.	Émma	Morden			
Tw Fra 1414	n -f July 19 Num 20	Morden & Megland olem	m	Goars U & " "	doen.	Muin "	Born Dead Cramps		An.	Euroama	Moraden			
Tw Jan 1914	nf	Morden & Megland olsen	m	Goars U \times " "	dece.	Muin "	Dom Dead Cramps		An. Fred.	Euwo	Morelen			
Tw Fra 1414	n-f July 19	Morden & Megland olsen	m	Goass U \(\frac{1}{2} \)	docum.	Min "	Born Head Crawyas		An. Fred.	Euwo	Morden			
Tw Fra 1414	n -f July 19	Morden & Megland olem	m	Goars U \(\forall \) " "	deen.	Muin "	Som Stad Crawps		An. Fred.	Émma	Morden			
Tw San 1414	nf	Morden A Megland Olem	m	Goass V & " "	dreum.	Min	Dom Dead Crawyas		An. Fred.	Euwo	Moreden			

Twp	of Pionere Press Co.,	Printers, Stationers and Blank Book Manufacturers, St. Paul, Min	Red L	ia te Co. a	P. Kerry	ATHS IN			4	F MI		SOTA.	NAME AND ADDRESS O	
Dessined	Month Day	Horace Berry O. Wintruck Remie Samin Eensteie Payment	Sex Cold	Single, Married or Widowed Years Mos. I	PLACE OF BIRTH Louisville J.	lousemp. Bruchilis		Farmer	Father a. p. Paul E.R.	Mother Clarenthe Augilium	Father N. y.	lan.	9. Semiens Red Lake	
8/24	June 30	Eustice Paymens	4 9	m 55	",	Lung Drocas	e ok 10.10		7.	Many		Paer	malson .	v
		Attending Physician, of Reported by	J. Len	ing or Hur	4									
		Received for record on the	19	Disease contracted a										
Tw	n of	Mondey	YA B.											
1414	July 12	Morden & Megland olem	m w	A "	min "	Dom Dead Cramps			An. Fred.	Emma	nor Arrelen	Ared "		

REGISTER OF DEATHS IN THE STATE OF MINNESOTA. NAME AND ADDRESS OF FULL NAMES OF PARENTS BIRTHPLACE OF PARENTS Sex Color Single, AGE Married or Widowed Years Mos. Days FULL NAME OF DECEASED OCCUPATION PLACE OF BIRTH DISEASE OR CAUSE OF DEATH ATTENDING PHYSICIAN 10/3 Aug 27 Maria Josephine Olem 7 W D 9 9 10 Minnedal Consumption Lucy o 1-11-1900 Dele 13 Anna Maria Maring " " W 24 9 11 Minn William Sophia nowny wis Blombery St. Hilanie V Jonetynum Jugebry sommy —

Date DATE OF DEATH Received Month Day	FULL NAME OF DECEASED	Sex	Color	Single, Married or Widowed	Years N	GE fos. Dave	PLACE OF BIRTH	DISEASE OR CAUSE OF DEATH	OCCUPATION	FULL NAM	ES OF PARENTS Mother	BIRTHPLACE OF PARENTS Father Mother	NAME AND ADDRESS OF ATTENDING PHYSICIAN
-5 Jane 3								Sysenting		Frank	mare		Blomberg -
1900 Vone 6	Carl Firstofdindymet	. 11	"	m	60	, 3	-	Cancer		Care 4.	_	Frider	Pelomberg -
wp.of	Pobla River 28.	744	n t										
1/2 meh 12 9 Apr 12	Poplar River J. B. Marie T. Kebert Narrisse Powier	7. M	<i>M</i> .	М. Д	21	4 15-	min	Paralysis Inflammatin Brain	Farmer	- Arron	Marie a. Junian M. Polnode	France	nom.P.
15 oct 15	Rott. Robilland	"	11	"	1 '	2 14	Min	Paralysis Inflammatin Brain Conscueption		Jas.	M. Polnode	"	
				7									

Twp. of Pinn Red Lake Co.

Red Lake Co.

Tell-Pioness Please Co. Printers, Stationers and Black Book Manufacturer, St. Paul, Minn.

	PIONEER PRESS O	Co., Printers, Stationers and Blank Book Manufacturers, St. Paul, Mi			Single		C-F				DIN I NA	MES OF PARENTS	BIDTUDI AC	E OF PARENTS	NAME AND ADDRESS OF
	Month 1	- FULL NAME OF DECEASED	Sex	Color	Single, Married or – Widowed	Years M	los. Days	PLACE OF BIRTH	DISEASE OR CAUSE OF DEATH	OCCUPATION	Father	Mother	Father	Mother	ATTENDING PHYSICIAN
	1														
	1 - 10														
	-									-					
				-			-								
														Harrie Barre	
										MAN STATE					
							7								
							+ +								
Tw	p. of	Rockstury Ouma fulia anduran Olma Etyphth Huseby		4	1/1	-									
	^	Corolostion w	-	9.	" rear	-	- ,,	P	Q 4 .		0 :-		0.		
1116	gan 1	I ma Julia linduan	r	W	X	3	7	werstung	de Impere		antin	alma	Fu	ray	
	June 10	o Wina tetratith Husely	r "	11	11	//	/6	"	Lung Frouble		audrew	Mary	Non	ray	
										-					
					,										
							-								
	1												1000		
	The water		A Bain	1	ALC: NO	de la la	Stand !				And the second	The state of the s	A Albania market	Contract of the same	

658

wp.or	(1)	ed fure falls	R	ed.	Lake	Co.								0 2 0
Date DATE OF DE	BATE	FULL NAME OF DECEASED				AGE ears Mos. Day	PLACE OF BIRTH	DISEASE OR CAUSE OF DEATH	OCCUPATION -	FULL NAMES OF Father	PARENTS Mother	BIRTHPLACE Father	OF PARENTS Mother	NAME AND ADDRESS OF ATTENDING PHYSICIAN
Received Month	Day				Widowed Ye	ears Mos. Day	ys			rauei				
													-	
								P V						
							1/2018/1995							
					in in									
Twp.of	A	anders												
									7					

Twp. of Rullet falls Red Lake Co. BIRTHPLACE OF PARENTS Sex Color Single, AGE
Married or Widowed Years Mos. Days PLACE OF BIRTH DISEASE OR CAUSE OF DEATH OCCUPATION ATTENDING PHYSICIAN DIED 1894 Feb 13 at Red Fate Falls Rid Feke Cause of Death: Primary, Turking Duration, DIED, 899 Nor 14 at Red Lake Free Richards
Cause of Death: Primary, Crump Duration, Twp. of Ambers

REGISTER OF DEATHS IN THE STATE OF MINNESOTA.

Twp.of Julius Red Laize Co. NAME AND ADDRESS OF BIRTHPLACE OF PARENTS Sex Color Single, AGE
Married or Widowed Years Mos. Days PLACE OF BIRTH ATTENDING PHYSICIAN Twp. of Ambus

e	RE	D T	T Do	1.27	ce Co)		THS IN TH							
Wp. of	METALES, DEMONSTRATE BOOK MEMURICOUTERS, DE PAUL, MINE				-		See Pupout "	The same of the sa	OCCUPATION		ES OF PARENTS Mother	BIRTHPLACE Father	OF PARENTS Mother		ADDRESS OF G PHYSICIAN
Date PATE OF PRATE ecceived Month Day // Gamy /0	FULL NAME OF DECEASED Perosier	Sex M.		Married or Widowed	Years M	os. Days	Terreboune Je	Il hotelie with Inflam. of gortal run		Lorus	Elodie arise	lan.	US.	Fernier Lement	Perrebouse Red Lake Falla
117 May 11 21 July 26	Herminie Sukent	7	,,	· m	52 9	1 19	Ceanada"	Mukuoun Paralysis		Regis Germe Francis	Lumia Cecilo	"	"	21. 0. Lessie	
1900 nor 27	Joseph Mariel	m	/1	"	76	5 10	"	Sibila		Four	Francis Le Mande	*	,,		
Twp.of	Abyan dotte	0	. 9.	John	uem		S 4			N 7.	Batha	m	may	Blomberg	St. Hilare
10/27 Meh 3 5-1400 Mm 1	Hanna Oline aann Justina Frances	4 7	4	m	13 35	4	Breden	Diphthena		H. J. Sodugui	ist Stewar	A	reden	, 0	
												9			

REGISTER OF DEATHS IN THE STATE OF MINNESOTA. Two. of June Red La'ze Co. Old Jande () On Manual Disease or Cause of Death

| Date | DATE OF DEATH | FULL NAME OF DECEASED | Sex | Color | Married or Widowed | Years | Mos. Days | PLACE OF BIRTH | DISEASE OR CAUSE OF DEATH FULL NAMES OF PARENTS OCCUPATION ATTENDING PHYSICIAN 3/5/ Jany 3 Lugvald Sorenson M. M. S. 8hr. Larnes
11/4 July 10 Eleve Marie Beck 7 " W 71 Normay Kidney trouble
tury 24 Galdbrand E. Horle M " 1 83 " Heart Dreiner Carl Betay Noway norway Twp. of