



[Health Department Death Registers](#)

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Wilkin County

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		
9/15	Jan	25	R. Lambert	M	W	S	0	9	0	Minn.	La Grippe		John	Aida	Can.	Not.	H. E. Truax	✓
	"	31	Bertrand G. Brown	"	"	"	0	11	27		Lung Dis.		Frank D.	Sarah.	Minn.	Pa.	B. M. Howland	✓
	Feb	1	Julius Lambert	F	"	W	60	0	15	Canada	La Grippe		Chas.		Can	—	Truax	✓
	"	8	Richard L. Mathews	M	"	—	0	1	0	Minn.	Indigestion		John L.	Leota	Ill.	Minn.	"	✓
6-13	Apr	18	Ruben Lambert	"	"	S				13 Breckinridge			John P	Rita	Can	N. D.		✓
	May	6	Mabel Victoria Myrell	F	"	"	4	4		"	Impurified blood		James	Nettie Bell	Mich	Minn	B. M. Howland	✓

Vil. of

Date Received	DATE OF DEATH Month Day		FULL NAME OF DECEASED	Sex	Color	Single, Married or Widowed	AGE			PLACE OF BIRTH	DISEASE OR CAUSE OF DEATH	OCCUPATION	FULL NAMES OF PARENTS		BIRTHPLACE OF PARENTS		NAME AND ADDRESS OF ATTENDING PHYSICIAN
							Years	Mos.	Days				Father	Mother	Father	Mother	
<i>9/15</i>	<i>Jan</i>	<i>25</i>	<i>R. Lambert</i>	<i>M</i>	<i>W</i>	<i>S</i>	<i>0</i>	<i>9</i>	<i>0</i>	<i>Minn.</i>	<i>La Grippe</i>		<i>John</i>	<i>Aida</i>	<i>Can.</i>	<i>Nor.</i>	<i>H. E. Truax</i>
	<i>"</i>	<i>31</i>	<i>Bertrand G. Brown</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>0</i>	<i>11</i>	<i>27</i>		<i>Lung Dis.</i>		<i>Frank D.</i>	<i>Sarah.</i>	<i>Minn.</i>	<i>Pa.</i>	<i>B. M. Howland</i>
	<i>Feb</i>	<i>1</i>	<i>Julius Lambert</i>	<i>F</i>	<i>"</i>	<i>W</i>	<i>60</i>	<i>0</i>	<i>15</i>	<i>Canada</i>	<i>La Grippe</i>		<i>Chas.</i>		<i>Can.</i>	<i>—</i>	<i>Truax</i>
	<i>"</i>	<i>8</i>	<i>Richard L. Mathews</i>	<i>M</i>	<i>"</i>	<i>—</i>	<i>0</i>	<i>1</i>	<i>0</i>	<i>Minn.</i>	<i>Indigestion</i>		<i>John L.</i>	<i>Leota</i>	<i>Ill.</i>	<i>Minn.</i>	<i>"</i>
<i>6-23</i>	<i>Apr</i>	<i>28</i>	<i>Reuben Lambert</i>	<i>"</i>	<i>"</i>	<i>S</i>				<i>13 Breckenridge</i>			<i>John P</i>	<i>Ida</i>	<i>Can.</i>	<i>N. D.</i>	
	<i>May</i>	<i>6</i>	<i>Mabel Victoria Myrall</i>	<i>F</i>	<i>"</i>	<i>"</i>	<i>4</i>	<i>4</i>		<i>"</i>	<i>Impurified blood</i>		<i>James</i>	<i>Nettie Bell</i>	<i>Mich</i>	<i>Minn.</i>	<i>B. M. Howland</i>

DIED *1899* *July* *14* at *Breckenridge Wilkin*
Cause of Death: Primary *Septicemia* Duration,
Contributing, Duration,
Name, *Lea F. Fox* Residence, *Minn.*
Color, *W* Sex, *F* Age, *27* *10* *22* Married,
When Born, *Minn.* Occupation,
Father: Name, *L. R. Smith* Birthplace, *Ind.*
Mother: Maiden Name, *M. J.* Birthplace,
Undertaker: Name, Burial: Place,
Residence, No. of Permit,

DIED *1899* *Sep* *15* at *Breckenridge Wilkin*
Cause of Death: Primary *P.R. Accid.* Duration,
Contributing, Duration,
Name, *Jas. L. Crandall* Residence, *Minn.*
Color, *W* Sex, *M* Age, *32* *1* *13* Married, *Y*
When Born, *Minn.* Occupation, *Brickman*
Father: Name, *John* Birthplace, *N.Y.*
Mother: Maiden Name, *Clendia* Birthplace,
Undertaker: Name, Burial: Place,
Residence, No. of Permit,

DIED *1899* *Oct* *6* at *Breckenridge Wilkin*
Cause of Death: Primary *Tuberculosis* Duration,
Contributing, Duration,
Name, *Napoleon Perret* Residence, *Minn.*
Color, *W* Sex, *M* Age, *unk* Married, *Y*
When Born, Occupation,
Father: Name, Birthplace,
Mother: Maiden Name, Birthplace,
Undertaker: Name, Burial: Place,
Residence, No. of Permit,

DIED *1899* *Dec* *4* at *Breckenridge Wilkin*
Cause of Death: Primary *Leucopro. Spl. Meningitis* Duration,
Contributing, Duration,
Name, *Geo. Olson* Residence, *Minn.*
Color, *W* Sex, *M* Age, *7* *10* *25* Married, *Y*
When Born, *Minn.* Occupation,
Father: Name, Birthplace,
Mother: Maiden Name, Birthplace,
Undertaker: Name, Burial: Place,
Residence, No. of Permit,

Vil. of

7421—Thomas, Evans Co., Printers, Stationers and Blank Book Manufacturers, St. Paul, Minn.

Wilkin Co. *John Myrall*

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		
9/15	June	25	R. Lambert	M	W	S	0	9	0	Minn.	La Grippe		John	Aida	Can.	Wor.	H. E. Truax	✓
		31	Bertrand G. Brown	"	"	"	0	11	27		Lung Dis.		Frank D.	Sarah	Minn.	Pa.	B. M. Howland	✓
	July	1	Julius Lambert	F	"	W	60	0	15	Canada	La Grippe		Chas.		Can	—	Truax	✓
		8	Richard L. Mathews	M	"	—	0	1	0	Minn.	Indigestion		John L.	Leota	Ill.	Minn.	"	✓
6-73	Apr.	18	Ruben Lambert	"	"	S				13 Breckinridge			John P	Aida	Can	N. D.		✓
	May	6	Mabel Victoria Myrall	F	"	"	4	4		"	Impurified blood		James	Hettie Bell	Mich	Minn	B. M. Howland	✓

Attending Physician *H. E. Truax* of *Breckinridge*

Reported by *B. M. Howland* of *"*

Received for record on the _____ Disease contracted at _____

day of _____ 19 _____

Attending Physician *B. M. Howland* of *Breckinridge*

Reported by *B. M. Howland* of *"*

Received for record on the _____ Disease contracted at _____

day of _____ 19 _____

Attending Physician *H. E. Truax* of *Breckinridge*

Reported by *B. M. Howland* of *"*

Received for record on the _____ Disease contracted at _____

day of _____ 19 _____

Attending Physician *D. D. Smith* of *"*

Reported by *C. Hagner* of *New Richmond*

Received for record on the _____ Disease contracted at _____

day of _____ 19 _____

Vil. of

REGISTER OF DEATHS IN THE STATE OF MINNESOTA.

910

Vil. of

Rothsay

Wilkin Co.

F. P. Taft

S. Naftalini

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	Mar	8	Parsons	M	W	S	70	0	0	Minn.			Elmer H.	Mary S.	N.Y.	Minn.	W. M. P.
6/3	May	13	Ole Thompson Nordmarken	"	"	M	85	6	6	Norway	Pneumonia Exhaustion		Jostin Thompson	Mrs	Norway	Norway	F. P. Taft Rothsay
9-6	Aug	7	Hilman Knudsen	"	"	M	14	1		Brandon Minn	Inflam. Bowels		Knud	Louisa	"	Ill	Wagner
1-5-1400	Dec	28	Edmer Olsen	"	"	"	3	13		Rothsay	Broncho Pneumonia		Ed.	Julia	Sweden	Minn	G. M. F. Rogers.

Twp. of

Akron

L. A. Hagen

4/10	Mar	24	Jacob C. Kjoie	M	W	M	92	0	12	Norway		Farmer	Christopher Kjoie	Marit	Norway		
6/8	May	23	Nils S. Haugen	"	"	M	39	4	7	"			Lulhae	Martie	"		W. E. Evans Breckinridge
7-11	June	15	Reginald	"	"	S				Akron	Stillborn		Halvor K.	Johanna	"		
12/15	Oct	28	Mary Sundli	F	"	M	40	4	10	Norway	Mitral Insuf. Exh.		Amund Lundstein	Ingeborg	"		G. M. F. Rogers Rothsay

911

Andrea

Wilkin Co.

77421—Pioneer Press 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		

914

Champion
Stationers and Blank Book Manufacturers

Wilkin Co.

77421—PIONEER PRESS 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	

REGISTER OF DEATHS IN THE STATE OF MINNESOTA.

915

Twp. of *Yorkville*
77121—WILKIN PRESS CO., PRINTERS, ST. PAUL, MINN.

Wilkin Co. *R. A. Fox*

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	
3/6/1900	Dec	5	August L. Hilke	M	W	✓			21	Free home	Gastro Enteritis		Fred. C.	Paulina	Sw		E. Rosal

Twp. of *McCauleyville* *E. B. Rotinson*

10/23	Aug	31	Peter J. Adams	M	W	✓	2	16		Kent	Dysentery		Michael	Rosa	La	Wis	H. O. Field
	Oct	7	Clifford W. Horvath	"	"	"	1	5	6	"	Brain Fever		Austin	Betty	May		Thomas Fargo N.D.

2/22/1900

916

Maestro
 Stylers and Blank Book Makers

P. E. Alinchart

Twp. of *Meadow*

REGISTER OF DEATHS IN THE STATE OF MINNESOTA.

917

Twp. of *Mitchell*

Wilkin Co.

J. L. Kinegan

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	
5/13	Jan	29	Mike Regan	M	W	M	22			Nor	Lung & Liver		Joseph		Nor.		
1-5/00	Dec	25	Walter A. Matz	"	"	"				Minn	Influenza		Louis	Ida Regan	Ger	Wis.	-

Twp. of *Prairie View*

J. J. Thomas

8/19	July	19	Malingen	F	W					Minn	Still born		Andrew	Ann	Norway	Minn	
12/23	Nov	1	Jane Gaffey	"	"	M	53	3	21	Can	Complication diseases		Marmaduke	Laidman	Jerminia	Can.	Eng
	"	2	Ol. O. Holt	M	"	"	44	9	12	Norway	Cancer		Ol. O. Holt	Martha	Norway		R. Patterson
	Dec	1	Geo. H. Blankenship	"	"	"	41	9	11	Ill.	Peritonitis		Perum	Amanda	Ky.		"

REGISTER OF DEATHS IN THE STATE OF MINNESOTA.

919

Twp. of *Wolverton*
77421—Dunsmuir-Paine Co., Printers, Stationers and Blank Book Manufacturers, St. Paul, Minn.

Wilkin Co. *A. P. Melsted R. Kirkhorn*

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		
3/6	July	22	Adman A. Nres	M	W	S	1	0	21	America	diphtheria	4-19	Hans	Karen	Norway	Loveron	Christine, N.D.	✓
7-8	May	26	Johnson	"	"	"	"	"	"	Sweden	Dead Born		Erik	Louise	Sweden	"	"	✓
11/13	Oct	1	Jessie Simmonds	F	"	"	19	5	4	Wolverton	Consumption		W. V. Simmonds	Magie	St. Island	"	"	✓
2/4/1900	Feb	7	Sara Hansine Strom	"	"	"	"	"	9	Wolverton	not stated		Hans	Sophie	Norway	"	"	
Twp. of																		

Twp. of