STATE OF MINNESOTA

Division of Vital Statistics

CERTIFICATE OF DEATH 17689 86

1 PLACE OF DEATH

County HENNEPIN

Township or Village or City MINNEAPOLIS No. MINNEAPOLIS CITY HOSPITAL St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

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

2 FULL NAME Anderson Arndt J.

(a) Residence. No. 749 - Buchanan St NE St., Ward
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U.S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS	
3 SEX	Male
4 COLOR or RACE	White
5 Single, Married, Widowed, or Divorced (write the word)	Single
5a If married, widowed, or divorced HUSBAND of (or) WIFE of	
6 DATE OF BIRTH (month, day, and year)	Unknown
7 AGE Years / Months / Days / If LESS than 1 day, hrs. or min.	47
8 OCCUPATION OF DECEASED (a) Trade, Profession, or particular kind of work	Solicitor
(b) General nature of industry, business, or establishment in which employed (or employer)	for Fire Insurance Co.
(c) Name of employer	
9 BIRTHPLACE (city or town) (State or country)	Norway
PARENTS 10 NAME OF FATHER	Theodore Anderson
11 BIRTHPLACE OF FATHER (city or town) (State or Country)	Norway
12 MAIDEN NAME OF MOTHER	Anna J. Anderson
13 BIRTHPLACE OF MOTHER (city or town) (State or country)	Norway
14 Informant (Address)	
15 Filed	JAN 7 1919 H. M. Bracken [?] Registrar

130

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 1919

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1919, to Jan. 5, 1919, that I last saw him alive on Jan. 5, 1919, and that death occurred, on the date stated above, at 4.40 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cardiac dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. A. Britton, M.D.

1/6, 1919 (Address) MINNEAPOLIS CITY HOSPITAL

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Hillside	Jan 9 1919
20 UNDERTAKER O. E. Larson	ADDRESS 2218 Cen...

1/28/19

Commissioner of Health

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING