STATE OF MINNESOTA

Division of Vital Statistics

CERTIFICATE OF DEATH

21676

3934

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

1 PLACE OF DEATH

County Hennepin

Township ..... or

Village .....

City Minneapolis No. General Hosp St., ... Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Hans Foss 188-C

(2) Residence, No. unknown St., ... Ward .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred unknown How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed or Divorced (WRITE THE WORD)
male	White	unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 30-1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	1	20	

8 OCCUPATION OF DECEASED

(a) Trade, Profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Common

(c) Name of employer Northern Commercial Co

9 BIRTHPLACE (city or town) (State or country) Norway

PARENTS

10 NAME OF FATHER Ingu Hykerson

11 BIRTHPLACE OF FATHER (city or town) Telemark (State or country) Norway

12 MAIDEN NAME OF MOTHER Ellen Rassmusson

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Norway

14 Informant General Hosp Records
(Address) .....

15 Filed 10-26, 1929 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 20 1929

17 I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

that I last saw h..... alive on ..... 19.....

and that death occurred on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

auto accident
Rupture of liver & right kidney

..... duration ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

..... duration ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 6 Ave So. & Washington Ave

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Filbert Leonhart Coroner

10/22/29 Address Chas. A. Hobbs Dep Cor

*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. (Use reverse side for additional space.)

19 Place of Burial, Cremation, or Removal Hopkins County Farm — DATE OF BURIAL Oct 22 29

20 UNDERTAKER John Anderson — ADDRESS Mpls.

#1287

MARGIN RESERVED FOR BINDING

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

F-7968