

This form, if placed in an envelope marked "DOMINION STATISTICS—FREE, penalty for improper use—\$300," and addressed to the Division Registrar of Vital Statistics of the Division in which the death occurred, will pass through the mail FREE.

PROVINCE OF ALBERTA
MEDICAL CERTIFICATE OF CAUSE OF DEATH

USE BLACK INK

Name of Deceased in full <i>(Christian name first)</i>	Ludvig Lyseng.	
Place of Death <i>(Street and No. if any) or Name of Hospital</i>	St. Mary's. Hospital.	
Date of Death	18th day of February 1931	
Age	34 years	Sex male.
Cause of Death	The CAUSE OF DEATH was: Caecal obstruction from infection	
	Duration.....yrs.....mos. 8 dys.	
	CONTRIBUTORY circulatory failure.	
	Duration.....yrs.....mos. 2 dys.	
Where was disease contracted if not at place of death?	If deceased was a female of child-bearing age was she pregnant, and if so, was this a contributing factor to the cause of death?	
Did an Operation precede Death?	yes If so, what date? February 11th 1931	
Nature of Operation	Appendectomy (interval)	
Name of Doctor performing Operation	M.E.Krause.	
Was there an Autopsy?	Yes, limited to the abdomen.	

I hereby certify that I attended deceased during his last illness and that I last saw him alive on the 18th day of February and that to the best of my knowledge and belief the cause of death above stated is the true cause of death.

Given under my hand at Camrose this 19th day of February 1931
 Signature of Attending Physician: *M.E. Krause* Post Office Address: Camrose. Alta.

N.B.—Physicians furnishing certificates of cause of death will adhere as closely as possible to the schedule of causes of death furnished them by the Department and are requested to avoid giving as cause of death conditions which are purely symptomatic.

CANADA
PROVINCE OF ALBERTA

FOR THE USE OF THE DEPARTMENT ONLY
Record No. **534** of **1931**

REGISTRATION OF DEATH

Write plainly with unfading BLACK INK. This is a permanent record.
All information asked for must be given.
RACIAL ORIGIN will be described by stating to what people or tongue the deceased belonged, whether English, Scotch, Irish, French, German, Polish, Ruthenian, Slovak, etc. The words "Canadian" or "American" express nationality or citizenship, but not racial origin.

Name of Deceased in full <i>(Christian name first)</i>	Ludvig Ryseng		
Date of Death	18 th day of February 19 31		
Place of Death <i>(Street and No. if any) or Name of Hospital</i>	St. Mary's Hospital Camrose 457		
Regular Residence of Deceased <i>(If different from above)</i>	Camrose. Alta 457		
Length of Time	In Town or District where Death occurred	9 days	In Canada <i>(if an immigrant)</i> 28 years
	Sex <i>(Male or Female)</i>	Male	Single Married Widowed or Divorced Single
Age	Years	34	If less than one day hrs. or min.
	Place of Birth	Byström Co. Minn. U.S.A.	Racial Origin Norwegian
Last Occupation	(a) Hammer <i>Trade, occupation or profession</i>	(b) Kind of industry or business	
Country of Birth of Parents	Father	Mother	
	Norway	Norway	
Cause of Death	Cerebral destructions from infection 117		
Name of Physician <i>(if any) attending Fatal Illness</i>	M. E. Brush		
Name and Address of Undertaker or Person in charge of Funeral	H. Burjar Camrose	Place of Interment <i>(Name of Cemetery)</i> Scandia Camrose	

I certify the foregoing to be true and correct to the best of my knowledge and belief.
Given under my hand at Camrose this 19 day of Feb 1931
L. Ryseng Signature of Informant Camrose Post Office Address
I hereby certify the above return was made to me at Camrose
on the 19th day of February 1931
D. J. [Signature] Registrar

Registrar's Record No. _____ of 19 _____