

AFTER FIVE DAYS RETURN TO

MR. TOM ERICKSON
Effie, Minnesota 56639

Effie Minn 56639
ZIP CODE

Tom Erickson

AIR MAIL

56606



FWA
0215C
FT Bliss Texas
79906
15,8168
5-m

Spot Style E. Woodpeck

~~U.S.A. W.S. M.A.F.A~~

~~Box 6312~~

~~77 Boaggy N. E. 28307~~



532 1661

becomes permanent record properly filed, use or use none

MINNESOTA DEPARTMENT OF HEALTH
Section of Vital Statistics
CERTIFICATE OF DEATH

LOCAL FILE NUMBER **690**

STATE FILE NUMBER

1. DECEASED - NAME FIRST MIDDLE LAST Tom Erickson			2. SEX Male		3. DATE OF DEATH MONTH DAY YEAR Nov 14, 1975								
4a. AGE (IN YEARS LAST BIRTHDAY) 86		4b. UNDER ONE YEAR MONTHS DAYS 11 14		4c. UNDER ONE DAY HOURS MINUTES 10 18 00		5. DATE OF BIRTH MONTH DAY YEAR Feb 10, 1889		6. RACE Cau.		7. COUNTY OF DEATH Dakota			
7b. LOCATION OF DEATH (CITY, VILLAGE OR TOWNSHIP) City of Farmington					7c. HOSPITAL OR OTHER INSTITUTION (SPECIFY NAME AND NUMBER) Yes Sanford Memorial Hospital		7d. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)						
8. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Norway			9. CITIZEN OF WHAT COUNTRY USA		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED SPECIFY Married		11. SPOUSE - NAME Gunhild Erickson						
12. WAS DECEASED EVER IN U.S. ARMED FORCES SPECIFY YES OR NO Yes		13. SOCIAL SECURITY NUMBER 471-442616			14a. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Foreman			14b. KIND OF BUSINESS OR INDUSTRY Hiway Dept.					
15a. RESIDENCE - STATE Minn.			15b. COUNTY Dakota			15c. CITY, VILLAGE OR TOWNSHIP Lakeville			15d. HUSBAND OR WIFE (SPECIFY YES OR NO) Yes				
16a. FATHER - NAME Erik Erickson			16b. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Norway		17. ADDRESS OF DECEDENT STREET AND NUMBER POST OFFICE 2095F Holt Ave. Lakeville, Minn.								
18a. MOTHER - MAIDEN NAME Anna Unknown			18b. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Norway		19. INFORMANT - NAME ADDRESS Mortuary Records A. Ureane Benson								
20. PART I - DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE (A), (B) AND (C))													
A. IMMEDIATE CAUSE Pulmonary embolus										IF DIAGNOSIS DEFERRED CHECK BOX <input type="checkbox"/>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 6 HRS	
B. DUE TO, OR AS A CONSEQUENCE OF C.V.A.												1 MONTH 7 H	
C. DUE TO, OR AS A CONSEQUENCE OF Arteriosclerosis												YEARS	
PART II OTHER SIGNIFICANT CONDITIONS C													
22a. ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED SPECIFY C						22b. DATE OF INJURY MONTH DAY YEAR HOUR 11/14/75			22c. INJURY AT WORK SPECIFY YES OR NO NO				
22d. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING ETC) C						22e. LOCATION STREET OR RFD NUMBER CITY, VILLAGE OR TOWNSHIP COUNTY STATE St Paul, Minn.							
22f. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 20)													
23a. CERTIFICATION - PHYSICIAN I attended the deceased from 8/11/74 to 11/14/75 and last saw him/her alive on 11/14/75 . I <input checked="" type="checkbox"/> did not view the body after death. Death occurred at 4 P.M. at the place and time and on the date stated above and to the best of my knowledge due to the causes stated.						23b. CERTIFICATION - MEDICAL EXAMINER OR CORONER On the basis of the examination of the body and/or the investigation, in my opinion death occurred at 11/14/75 M, on the date and due to the causes stated above. The decedent was pronounced dead on 11/14/75 at 11 M.							
23c. PHYSICIAN - SIGNATURE E. John F. Nelson						23d. MEDICAL EXAMINER OR CORONER - SIGNATURE A. Ureane Benson							
23e. PHYSICIAN - NAME (TYPE OR PRINT) E. John F. Nelson						23f. MEDICAL EXAMINER OR CORONER - NAME (TYPE OR PRINT) A. Ureane Benson							
23g. MAILING ADDRESS PHYSICIAN, MEDICAL EXAMINER OR CORONER						23h. DATE SIGNED MONTH DAY YEAR 11 14 75							
24a. BURIAL, CREMATION, REMOVAL SPECIFY Burial			24b. CEMETERY OR CREMATORY - NAME Ft Snelling Natl. Cemetery			24c. LOCATION (CITY, VILLAGE OR COUNTY) (STATE) St Paul, Minn.							
24d. DATE OF BURIAL, CREMATION OR REMOVAL MONTH DAY YEAR Nov 18, 1975			25a. FUNERAL HOME - NAME Benson-Anderson Funeral Home			25b. FUNERAL HOME - ADDRESS 201 E. 4th St. Northfield, Minn.							
26a. DATE FILED BY LOCAL REGISTRAR MONTH DAY YEAR 11 - 21 - 75			26b. LOCAL REGISTRAR - SIGNATURE Sandra Blasey Dep. C.			27. MORTICIAN OR FUNERAL DIRECTOR - SIGNATURE A. Ureane Benson							

STATE OF MINNESOTA, COUNTY OF DAKOTA
Certified to be a true and correct copy of the original on file and of record in my office this **3rd** day of **December** **1975**

NICH V. JOHNSON
Clerk of District Court
Sharon Franklin

No. 939019



This given to the person identified

Name, Volume 5 Number 833
Description of holder: Age 29 years, height 5 feet 7 inches, color white, complexion
Fair, color of eyes Brown, color of hair Sandy, visible distinguishing marks

Name, age and place of residence of wife Single
Name, age and place of residence of minor children None

CORRIGINALE

State of Arkansas
County of Pulaski

vs.

Tom Erickson

(Signature of holder.)

They remanend that Tom Erickson

then residing at master's Camp Pine

year of Co. A. 312 MP.

of Norway

of Arkansas

regular Army of the

having applied to be admitted a circuit

County of Pulaski County held at Little Rock, Ark, on the 6th day of June

in the year of our Lord nineteen hundred and eighteenth the petitioners had resided con-

tinuously within the United States for at least five years, and in this territory for at least six months

before the filing of his petition, and that said petitioners intend to locate permanently in the United States, and so all

requirements complied with the law in relation thereto, and that he was entitled to be so admitted, it was therefore

In testimony whereof the said court and a jurate appeared on the 6th day of June

in the year of our Lord nineteen hundred and eighteenth, and of our Independence the

J. S. Kellomay, Clerk, Circuit Court.

By J. S. Kellomay, Clerk

(Official signature of attorney)

No. 499

UNITED STATES OF AMERICA

DECLARATION OF INTENTION

(Invalid for all purposes seven years after the date hereof)

STATE OF MINNESOTA, }
COUNTY OF BELTRAMI, } ss: In the DISTRICT Court
of FIFTEENTH JUDICIAL DISTRICT.

I, Tom Erickson, aged 24 years,
occupation Laborer, do declare on oath that my personal
description is: Color White, complexion Medium, height 5 feet 8 inches,
weight 155 pounds, color of hair light brown, color of eyes light brown
other visible distinctive marks None

I was born in Christiansand, Norway
on the 10th day of February, anno Domini 1899; I now reside
at Bemidji, Minnesota.
(Give number, street, city or town, and State.)

I emigrated to the United States of America from Christiansand, ~~Norway~~
on the vessel United States; my last
(If the alien arrived otherwise than by vessel, the character of conveyance or name of transportation company should be given.)
foreign residence was Christiansand, Norway.

It is my bona fide intention to renounce forever all allegiance and fidelity to any foreign
prince, potentate, state, or sovereignty, and particularly to Haakon VII, the King of
Norway, of whom I am now a subject;

I arrived at the port of New York, in the
State of New York, on or about the 5th day
of May, anno Domini 1910; I am not an anarchist; I am not a
polygamist nor a believer in the practice of polygamy; and it is my intention in good faith
to become a citizen of the United States of America and to permanently reside therein:

SO HELP ME GOD.

Tom Erickson
(Original signature of declarant.)

[SEAL]

Subscribed and sworn to before me this 11th day of May, anno Domini 1913

F. W. Rhoda
Clerk of the District Court.

By Deputy Clerk.