

**OREGON STATE BOARD OF HEALTH
CERTIFICATE OF DEATH**

45

1 PLACE OF DEATH State Registered No. 1669
 County Multnomah State _____ Local Registered No. 1825
 Township _____ or Village _____ or
 City Portland No. Emanuel Hospital St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Benjamin Dely
 (a) Residence. No. _____ St., Woodburn, Oregon
 (Usual place of abode) (If nonresident, give city or town and state)
 Length of residence in city or town where death occurred yrs. / mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 Single, Married, Widowed or divorced (write the word) widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (month, day and year) Aug 28 - 1907

7 AGE Years 70 Months _____ Days _____ If less than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

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

PARENTS

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) not known

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) not known

14 Informant Mildred Holboell (Address) Portland Ore

15 Filed JUN 18 1927 Registrar. _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 1927

17 I HEREBY CERTIFY, That I attended deceased from July 27 1927, to June 17 1927, that I last saw him alive on June 16 1927, and that death occurred on the date stated above, at 11 h am.

The CAUSE OF DEATH* was as follows:
Cerebral Prolapse
 (duration) 2 yrs. 45 mos., _____ days.

CONTRIBUTORY (Secondary) _____ (duration) _____ yrs., _____ mos., _____ days.

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

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Neur. exam
 (Signed) E. H. Hall, M. D.
June 17 1927 (Address) 571 Park St.

* 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 Woodburn DATE OF BURIAL June 19 1927

20 UNDERTAKER E. H. Hall ADDRESS Woodburn

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.

Seeley