

1 PLACE OF DEATH

County of Salem

Township _____

or Village Clark

or City _____ (No. _____, St.; _____ Ward)

OREGON STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH 16

State Index No. _____

Local Registered No. 175

2 FULL NAME Fred Clifford Guly
Noel

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 Sex Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Single

6 Date of Birth Feb 8, 1905
(Month) (Day) (Year)

7 Age 16 yrs. 5 mos. 19 ds. If less than 1 day, hrs. or min.?

8 Occupation (a) Trade, profession, or particular kind of work: School
(b) General nature of industry, business or establishment in which employed (or employer): Box Factory

9 Birthplace (State or country) Corvallis Oregon

10 Name of Father Guy A. Guly

11 Birthplace of Father (State or country) Wisconsin

12 Maiden Name of Mother Amie D. Spencer

13 Birthplace of Mother (State or country) Oregon

14 The above is true to the best of my knowledge

(Informant) J. W. Thomas

(Address) Salem, Ore.

15 Filed July 27 1919 M. S. Buchanan Registrar

MEDICAL CERTIFICATE OF DEATH

16 Date of Death July 27, 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended the deceased from July 21, 1919, to July 27 1919, that I last saw him alive on July 27, 1919, and that death occurred, on the date stated above, at 4:30 A.M. The CAUSE OF DEATH* was as follows:

Acute General Peritonitis

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory Appendicitis
(Secondary) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. W. Thomas, M. D.

July 27, 1919 (Address) Salem, Ore.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, if not at place of death? _____
Former or usual residence _____

19 Place of Burial or Removal Bend Date of Burial July 29 1919

20 Undertaker Wisconsin Address Bend

Seeley