

1 PLACE OF DEATH

PORTLAND, OREGON

Registered No. 135

County Multnomah

BUREAU OF VITAL STATISTICS

[If death occurred in a Hospital or Institution, give its NAME instead of street and number and fill out No. 18.]

Town of _____

STANDARD CERTIFICATE OF DEATH

or
City of Portland,

No. 4836-64th St. S.E.

Street

2 FULL NAME Fanny Saly

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX female 4 COLOR OR RACE White 5 SINGLE Widow
MARRIED
WIDOWED
OR DIVORCED
(Write the Word)

16 DATE OF DEATH Dec. 20th 1916
(Month) (Day) (Year)

6 DATE OF BIRTH Apr 28 1839
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 4 1916, to Dec 20 1916 that I last saw her alive on Dec 20 1916 and that death occurred, on the date stated above, at 7:30 A.M.

7 AGE 77 years, 7 months, 22 days IF LESS than 1 day, _____ hrs. or _____ min.

The CAUSE OF DEATH was as follows:

8 OCCUPATION (a) Trade, profession or particular kind of work Houskeeping
(b) General nature of Industry, business or establishment in which employed (or employer)

Angina Pectoris

9 BIRTHPLACE (State or Country) New York

(Duration) yrs. mos. 16 dys.
Contributory acute indigestion
Secondary

10 NAME OF FATHER Gabriel Hartfield

(Duration) yrs. mos. 16 dys.
(Signed) W.D. Packwood M. D.
Dec 20 1916 Address 4504-65th St. S.E.

11 BIRTHPLACE OF FATHER (State or Country) not known

12 MAIDEN NAME OF MOTHER Ann --

13 BIRTHPLACE OF MOTHER (State or Country) not known

13a LENGTH OF RESIDENCE
At Place of Death 14 years _____ months
In Oregon 14 years _____ months

18 SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.
Former or Portland, Ore. how long at 14 yrs
Usual Residence _____ Place of Death? _____ Dys.
Where was disease contracted, _____
if not at Place of Death? _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jessie Apling
(Address) 4836-64th St. S.E.

19 PLACE OF BURIAL OR REMOVAL Multnomah Cemetery DATE OF BURIAL 12/27/16 1916

15 Filed 12/27 1916 Marcellus
Registrar or Deputy.

20 UNDERTAKER J.P. Finley + Son ADDRESS 54 Montg.

Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Seeley