CERTIFICATE OF DEATH  Town of Charles  Or  Oity of	I PLACE OF DEATH O	REGON STATE BOARD OF HEALTH
City of.  Contrained of tried, and not institute in a hospital or institutions in a hospital or institutions on institutions on institutions on institutions.  Contrained of tried, and number.  Contrained of Death  Cont	County of Taching low	CERTIFICATE OF DEATH
Oiky of Oiky o	Town of Schollo	7
If death occurred in shorpital or institute for the property of the property	or Of N	
**Sex	[If death occurs away from USUAL RESI-DENCE give facts called for under "Spe-2" FULL NAME	[If death occurred in a hospital or institution, give its NAME instead of street and
Male Widowsceed (Frietheword)  I Date of Birth (of deceased)  I Date of Birth (of deceased)  I Date of Birth (of deceased)  I HEREBY CENTIFY, that I took charge of the remains described above, held an deceased to deceased	PERSONAL AND STATISTICAL PARTICULARS	CORONER'S CURTIFICATE OF DEATH
## I HEREBY CERTIFY, that I took charge of the remains described above, held an image, thereon (Inaget, Autopytor Manity) the very stated above, and from the evidence obtained by sedd (Inaget, Autopytor Manity) the very stated above.  ### CAUSE OF DEATH* was as follows:  ### CAUSE OF DEATH*	married Widowship Widowship or Divorced	, 191
described above, held an inquite, Autopsy or English and Greated and from the evidence obtained by spid.  7 Age  3 If Jess than I day, has of light and the stated above.  8 Occupation (a) Trade, profession, or particular kind of work.  (b) General nature of industry business or establishment in which employed for employer)  9 Birthplace of Decased (State or country)  10 Name of Father (State or country)  11 Birthplace of Father (State or country)  12 I Harden Name of Mother (State or country)  13 Birthplace of Mother (State or country)  14 The above is true to the fest of im knowledgy  15 Birthplace (State or country)  16 The above is true to the fest of im knowledgy  17 In the country of the fest of im knowledgy  18 Birthplace (State or country)  19 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transions, or Recent Residents)  19 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transions, or Recent Residents)  10 LAddress Address of Health Officer or Depaty.  10 Laddress Address of Health Officer or Depaty.  10 Laddress Address of Health Officer or Depaty.  11 Laddress Address of Emplainer's Total Residence.  12 Lands Address of Health Officer or Depaty.  13 Lands Address of Emplainer's Total Residence.  14 Lands Address of Emplainer's Total Residence.  15 Lends Address of Emplainer's Total Residence.  16 Lands Address of Emplainer's Total Residence.  17 Lends In the Cause of Emplainer's Total Residence.  18 Lends In the Cause of Emplainer's Total Residence.  19 Proce of Burial or Removal Campana Address of Emplainer's Total Residence.  10 Lends In the State Campana Departs or Measure Address of Emplainer's Total Residence.  11 Lands In the Cause of Emplainer's Total Residence.  12 Lends In the Cause of Emplainer's Total Residence.  13 Lends In the Cause of Emplainer's Total Residence.  14 Lends In the Cause of Emplainer's Total Residence.  15 Lends In the Cause of Emplainer's Total Residence.  16 Lends In the Cause of Emplainer's Total Residence.  17 Lends In the Cause of Emplainer's Total Residence.  18	6 Date of Birth	17 I HEREBY CERTIFY, that I took charge of the remains
Tage    If less than   day, hrs. ormin.?	Sept 28, 183	(Inquest, Autopsy or Figury)
Secupation   Gal Trade, profession, or particular kind of work   Gal Trade, profession, or particular kind of gal Trade, gal		(Inquest, Autopsy or Inquiry)
5 Occupation  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business or establishment in which employed (or employer).  9 Birthplace of Deceased (State or country)  10 Name of Father  11 Birthplace of Father  12 Maiden Name of Mother  12 Maiden Name of Mother of Mothe	1 day,hrs.	(1)
(b) General nature of industry, business or establishment in which employed (or employer)  Birthplace of Deceased (State or country)  Birthplace of Deceased (State or country)  Birthplace of Father  Birthplace of Father  Contributory  (Secondary)  Birthplace of Father  Contributory  (Secondary)  Birthplace of Father  Contributory  (Signed)  Contributory  (Secondary)  (Signed)  Contributory  (Signed)  Contributory  (Signed)  Contributory  (Signed)  Contributory  (Signed)  Contributory  (Secondary)  (Signed)  Contributory  (Secondary)  (Signed)  Contributory  (Signed)  Contributor  (S	8 Occupation	The CAUSE OF DEATH* was as follows:
business or establishment in which employed (or employer)    Birthplace of Doceased (State or country)	(a) Trade, profession, or particular kind of work	Maria Cara
Birthplace of Documenty   Contributory (Secondary)   Contributory (Second	business or establishment in	COON age
10 Name of Father   10	of Deceased	Contributory
11 Birthplace of Father (State or country) 12 Maiden Name of Mother 13 Birthplace of Mother (State or country) 14 Maiden Name of Mother (State or country) 15 Birthplace of Mother (Informant) (Address)  16 Maiden Name of Mother (State or country)  17 Maiden Name of Mother (State or country) (Informant)  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents)  At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence  (Informant)  19 Place of Burial or Removal  20 Undertaker  Was the Body Embalmed?  20 Undertaker  Was the Body Embalmed?  21 Advantage  Mame and Address of Health Officer or Deputy.  22 Language  Place of Burial  23 Undertaker  Was the Body Embalmed?  Mass the Body Embalmed?	Name of Father Janes 5, 20 Lye	(Signed) // wrom mos. ds.
12 Maiden Name of Mother   13 Birthplace of Mother (State or country)   13 Birthplace of Mother (State or country)   14 May   15 Maine and Address of Health Officer or Deputy.   16 Maine and Address of Health Officer or Deputy.   17 Maine and Address of Health Officer or Deputy.   18 Maine and Address of Health Officer or Deputy.   19 Maine and	n Birthplace of Father	Jon 4 (Mil (Address) Hellsbord
B		*State the DISEASE CAUSING DEATH, or. in deaths from VIOLENT CAUSES, state [1] MEANS OF INJURY; and [2] whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of Mother (State or country)  M The above is true to the best of m knowledge (Informant)  (Address)  (Address)  Where was disease contracted, if not at place of death?  Former or usual residence  (Address)  (Address)  Where was disease contracted, if not at place of death?  Former or usual residence  19 Piace of Burial or Removal  20 Undertaker  Was the Body Embalmed?  Was the Body Embalmed?  (Address)  Was the Body Embalmed?	a www.	sients, or Recent Residents)
if not at place of death?  Former or  Uniformant  (Address)	18 Birthplace of Mother (State or country)	of death yrs mos ds. State yrs mos ds.
(Informant)  (Address Autoro T  19 Piage of Burial or Removal  19 Date of Burial  20 Undertaker  Was the Body Embalmed?  Name and Address of Health Officer or Deputy.  21 Address T  22 Embalmer's	H The above is true to the best of m knowledge	if not at place of death?
15 Burial Permit issued by Was the Body Embalmed?  Name and Address of Health Officer or Deputy.  20 Updertaker  Was the Body Embalmed?  Embalmed?  Embalmer's	1 1/2 how 41 I	19 Place of Burial or Removal
	15 Burial Permet	20 Undertaker // Was the Body
	11 A • D	

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