

CERTIFICATION OF VITAL RECORD

**OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION**

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

11

1 PLACE OF DEATH

County Multnomah State Or. State Registered No. 2027
 Township _____ or Village _____ Local Registered No. 2133
 City Portland No. Port Eye East New Hospital St. Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME

John Morris Baxter
 (a) Residence No. Edmonton, Wash. St. (If nonresident, give city or town and state)
 Length of residence in city or town where death occurred yrs. mos. 14 How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 DATE OF BIRTH (month, day, and year) July 27 1876

7 AGE Yrs. Months Days If less than 1 day, hrs. or min.
49 11 10

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

9 BIRTHPLACE (city or town) Stepping Falls (State or country) Wis.

10 NAME OF FATHER James Baxter

11 BIRTHPLACE OF FATHER (city or town) Scotland (State or country)

12 MAIDEN NAME OF MOTHER Agnes Videman

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Anderson Baxter (Address) Calgary, Canada

15 Filed 8/7 1926 23 W. R. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 7 1926

17 I HEREBY CERTIFY That I attended deceased from July 26 1926 to Aug 7 1926, that I last saw him alive on Aug 6 1926 and that death occurred on the date stated above at 2:30 a.m.

The CAUSE OF DEATH* was as follows: Meningitis (Septic) Probably Streptococcus
 (duration) _____ yrs. mos. 4 days.

CONTRIBUTORY Chronic sinus infection (Secondary) (duration) many mos. days.

18 Where was disease contracted? at home If not at place of death?

Did an operation precede death? yes Date of 7-27-8-5-26

Was there an autopsy? No

What test confirmed diagnosis? Spiral fracture (Signed) J. Frank W. Postner M.D. Aug. 7 1926 (Address) Port. Ore.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and (2) Nature of Injury, and (3) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL OF REMAINS Forest Home Park DATE OF BURIAL Aug 10 1926

20 UNDERTAKER Zimbura ADDRESS Vancouver

OF CERTIFICATE IN THIS FORM, SO THAT IT MAY BE PROPERLY CLASSIFIED. PUBLIC STATISTICAL SERVICE, DIVISION OF VITAL RECORDS, DEPARTMENT OF HEALTH, OREGON STATE BOARD OF HEALTH. VERY IMPORTANT. See instructions on back of certificate.

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

NOV 08 1990

DATE ISSUED _____

Edward J. Johnson

EDWARD J. JOHNSON II
STATE REGISTRAR

