

1. PLACE OF DEATH:

(a) County Multnomah

(b) City or town 927 SW 11th Ave., Portland  
(If outside city or town (State write MUNICIPAL)

(c) Name of hospital or institution:  
(If not in hospital or institution write name, number or location)

(d) Length of stay in hospital or institution:  
(If not in hospital or institution write name, number or location)

In this community: 10 years or more 21 years

2. SPECIAL INFORMATION OR OCCASION:

(a) State Oregon (b) County Multnomah

(c) City or town 927 SW 11th Avenue, Portland  
(If outside city or town (State write MUNICIPAL)

(d) Street No. \_\_\_\_\_ (If usual give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3. (a) FULL NAME Lyle R. Bigbee

3. (b) If veteran, World War No. 315-03-9256

4. Sex Male Color White

5. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Helen Bigbee (c) Age of husband or wife \_\_\_\_\_ If alive \_\_\_\_\_ years

7. Birth date of deceased Aug. 22 1892  
(Month) (Day) (Year)

8. Age: Years 48 Months 11 Days 12  
If less than one day

9. MEDICAL CERTIFICATION

10. Date of death: Month August day 2 year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_

11. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and that I last saw him/her \_\_\_\_\_ alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

12. Immediate cause of death: Self-inflicted gunshot wound right temple, with suicidal intent

13. Duration \_\_\_\_\_

9. Birthplace Waterloo, Oregon (City, town, or county) (State or foreign country)

10. Usual occupation Shipfitter Welder

11. Industry or business Kaiser Shipyard, Vancouver

12. Name Clairborne Bigbee

13. Birthplace Missouri (City, town, or county) (State or foreign country)

14. Maiden name Carlisle Morris

15. Birthplace Oregon (City, town, or county) (State or foreign country)

14. Other conditions (Indicate presence within 5 months of death)

15. Major findings: Of operations

16. Of autopsy \_\_\_\_\_

17. PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

18. (a) Informant's own signature Carroll's file

(b) Address 1615 NE 49th Ave. Portland, Ore.

19. (a) Removal (b) Date thereof Aug. 7, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sweet Home, Oregon

20. (a) Signature of funeral director M. Chis # 169

(b) Address NE 14th & Sandy Blvd.

AUG 5 1942 (Date entered local register) (Registrar's signature)

21. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence August 2 - 1942

(c) Where did injury occur? Portland Mult. Oregon  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? At home

White at work? Yes (Specify type of place)

(e) Means of injury Gunshot

22. BY CRADREE, Coroner (M. D. or other)

Address \_\_\_\_\_ Date signed 8-2-42

BY P. C. Collier DEPUTY