CERTIFIED COPY
OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

OREGON STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

1 PLACE OF DEATH — State Registered No. 1472

County Multnomah State Ore Local Registered No. 87

Township .... or Village .... or

City Portland No. 9 .... St., ... Ward

(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME C... Carroll

(a) Residence. No. 9 .... St., ... (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Ada Carroll

7 DATE OF BIRTH (month, day, and year) Abt 1858

8 AGE — Years / Months / Days / If less than 1 day, ...hrs. or ...min.

9 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Farmer
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lee Co. Iowa

10 NAME OF FATHER John Carroll

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

PARENTS

12 MAIDEN NAME OF MOTHER ....

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

14 Informant Ada Carroll

(Address) 9 ....

15 Filed 6-14 1923 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1.. 1923

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1922 to June 10, 1923, that I last saw him alive on ... May ..., 1923 and that death occurred on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(duration) 2 yrs., ... mos., ... days.

CONTRIBUTORY (Secondary) worry & debility

(duration) ...... yrs., 6 mos., ... days.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Wm R. S...... M. D.

June 13, 1923 (Address) 1092 Hawthorn

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

19 PLACE OF BURIAL, CREMATION OR REMOVAL .... | DATE OF BURIAL ...... 19..

20 UNDERTAKER .... | ADDRESS ....

THIS IS NOT AN OFFICIAL CERTIFIED COPY UNLESS PREPARED ON ... PAPER (VOID IF ALTERED)

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