

4395

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

011101

CERTIFICATE OF DEATH

State File Number

DECEASED NAME: **H. Glenn ELLIOTT** (Male) (Last) (First) (Middle)

DATE OF DEATH (month, day, year): **27 July 1969**

RACE AND HAIR: **wht**

SEX: **M**

AGE Last birthday: **49**

DATE OF BIRTH (month, day, year): **11 Nov. 1919**

COUNTY OF DEATH: **Multnomah**

CITY TOWN OR LOCATION OF DEATH: **Portland**

HOSPITAL OR OTHER INSTITUTION—NAME (if not in street, give street and number): **Providence Hospt.**

CITIZEN OF WHAT COUNTRY: **U.S.**

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED: **married**

NAME OF SPOUSE: **Joyce A**

SOCIAL SECURITY NUMBER: **544-07-0109**

USUAL OCCUPATION (give kind of work done during most of year): **Talent Scout**

KIND OF BUSINESS OR INDUSTRY: **Manhall**

RESIDENCE STATE: **Oregon**

COUNTY: **Clackamas**

CITY, TOWN, OR LOCATION: **rural**

STREET AND NUMBER OR R.F.D.: **R#1 Bx455 Tualatin**

DECLASED

CAUSE

FATHER NAME: **Jacob James**

MOTHER (No. in Name): **Julia Goodman**

IMPORTANT NAME AND relationship to deceased: **Joyce Elliott, wife**

PART I DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

(a) **cerebral hemorrhage**

(b) **metastatic brain tumor**

(c) **cerebral hemorrhage**

Approximate date (if between onset and death): **6/4/69**

to

6/27/69

PART II OTHER SIGNIFICANT CONDITIONS (conditions contributing to death but not related to cause given in Part I)

AUTOPSY (yes or no): **no**

IF YES, were findings considered in determining cause of death?

ACCIDENT: **no**

DATE OF INJURY: **7-22-60**

HOUR: **20**

HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 15)

INJURY AT WORK: **no**

PLACE OF INJURY (name, form, street, factory, etc.): **no**

LOCATION (street or R.F.D. No., city or town, county, state): **no**

CERTIFIED

CERTIFICATION

PRELIMINARY: **7-22-60**

FINAL: **7-27-69**

REVISION: **7-26-69**

DEATH OCCURRED: **6:30 pm**

PHYSICIAN NAME (type of degree): **William Steele, M.D.**

DEGREE OF TITLE: **M.D.**

DATE SIGNED (month, day, year): **7/28/69**

MAILING ADDRESS PHYSICIAN: **1420 John Adams, Oregon City, Ore.**

BURIAL

BURIAL (CREMATION, REMOVAL, WALLS): **Burial**

CEMETERY OR CREMATORY NAME: **IOOF Cemetery**

LOCATION (city or town, state): **Myrtle Creek, Ore.**

DATE (month, day, year): **31 July 69**

GENERAL CEMETERY OR CREMATORY: **Holman Hankins Rriance, 715 7 Oregon City**

DATE RECEIVED BY LOCAL REGISTRAR: **7/28/69**

DATE RECEIVED BY STATE REGISTRAR: **7/28/69**