

Washington State Department of Health
PUBLIC HEALTH STATISTICS SECTION
CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Shaw (Craw)
(b) City or town Proctor
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
1/2 mile S. E. 2 on 152nd St. 80 ft. S. E. 30.
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community (Years, months or days) _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Oregon (b) County Multnomah
(c) City or town Portland
(If outside city or town limits, write RURAL)
(d) Street No. 106 N. E. Nelson St
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) FULL NAME Robert E. Hall
3. (b) Was decedent ever a member of the Army, Navy or Marine Corps of the United States? _____ Name of organization in which such service was rendered: _____ Period of service: _____
Rank _____

3. (c) Social Security Number _____

4. Sex Male 5. Color or race White 6(a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Martha B. Hall 6(c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 15 1898
(Month) (Day) (Year)
8. AGE: Years 59 Months 9 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Portland, Oregon
(City, town or county) (State or foreign country)
10. Usual occupation Fireman
11. Industry or business _____
12. Name Thomas H. Hays
13. Birthplace Portland
(City, town, or county) (State or foreign country)
14. Maiden name Martha B. Hays
15. Birthplace Portland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Robert E. Hall
(b) Address 106 N. E. Nelson St. Portland, Ore.
17. (a) Burial (b) Date thereof 9/18/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old Tacoma Cem.
18. (a) Signature of funeral director Pipes Funeral Home
(b) Address 50 Tacoma

19. (a) SEP 2 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION Ed. 9/11/48
20. Date of death: Month July day 13
year 1948 hour 7:30 minute ?
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Strangulation by hanging
Due to Suicide
with his belt
Due to fall from a tree
injury occurred on 9/10/1948
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy none

Duration _____
Physician _____
Underline the cause to which death should be charged statistically.
164A

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence July 13, 1948
(c) Where did injury occur? at home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home
(Specify type of place)
While at work _____ (e) Means of injury _____
23. Signature Ed. 9/11/48 (M. D. or other)
County Autopsy Surgeon Date signed 9-13-48

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