

LOCAL REGISTRAR'S
NUMBER **1711**

STANDARD CERTIFICATE OF DEATH **14433**

STATE OF OREGON
BOARD OF HEALTH - PORTLAND
PUBLIC HEALTH SERVICE
STATE FILE NO.
DATE RECEIVED

NOV 10 1964

1. NAME OF DECEASED (Type or print all entries in block 120)		2. USUAL RESIDENCE (If Institution, give residence before admission)	
A. COUNTY Multnomah		A. STATE Oregon B. COUNTY Multnomah	
B. CITY, TOWN, OR LOCATION Portland	C. LENGTH OF RESIDENCE 50 years	C. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION Portland	
D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 1615 N. E. 49 Ave.		D. STREET ADDRESS, RURAL ROUTE ETC 1615 N. E. 49 Ave.	

4. DATE OF DEATH Month October Day 17 Year 1964	5. SEX Male	6. COLOR OR RACE White	7. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married
8. SOCIAL SECURITY NO. 512 03 9287	9. USUAL OCCUPATION (List of work done during most of life) Ball Player	10. KIND OF BUSINESS OR INDUSTRY Major League	11. NAME OF SPOUSE Grace E.
12. DATE OF BIRTH Month March Day 31 Year 1895	13. AGE LAST BIRTHDAY 69	14. IF UNDER 1 YEAR Months 0 Days 0	15. IF UNDER 24 HOURS Hours 0 Minutes 0 Seconds 0
14. BIRTHPLACE (State or Foreign Country) Sweet Home, Oregon	15. WAS DECEASED A CITIZEN OF U.S. <input checked="" type="checkbox"/> Foreign Country _____ Name of Country _____	16. IF DECEASED WAS A VETERAN. WHAT WAR? W. W. I	
17. NAME OF FATHER Clayborne F. Bigbee	18. MAIDEN NAME OF MOTHER Callie Morris	19. INDEMNITY NAME AND RELATIONSHIP TO DECEASED Grace E. Bigbee, wife	

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE INCLUDING IN (A), (B), AND (C). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): ARTEKID SCLEROSIS		Interval Between Onset and Death (Years, days, hours, min.) 7 years
Conditions, if any, which gave rise to; stating the cause; typing cause last: DUE TO (B): DUE TO (C):		
PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (A): Tuberculosis		
23. WAS DEATH RESULT OF <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide	24. IF ACCIDENT DID INJURY OCCUR <input type="checkbox"/> At Work <input type="checkbox"/> Not At Work	25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)
26. TIME OF INJURY Hour _____ P. M. _____	27. DESCRIBE HOW INJURY OCCURRED.	

DECLARED TO BE THE CAUSE OF DEATH BY THE PHYSICIAN (Type or print name and address of the physician) and that the death occurred at **early AM** from the cause(s) on the day stated above.
 Signature: **Dr. [illegible]** Date: **10/22/64**
 Signature: **Dr. [illegible]** Date: **10/22/64**

28. RESERVED FOR REGISTRAR'S USE

29A. DECEASED WILL BE <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Reinterred <input type="checkbox"/> Other	29B. DATE 10/22/64	29C. NAME OF CREMATORY OR CEMETERY Willamette National	29D. LOCATION (City or Town) State Portland, Oregon
31. DATE RECEIVED BY REGISTRAR OCT 21 1964		32. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Miss Hollywood Chapel, Portland	

420.0