

MISCELLANEOUS RECORD G

SKAMANIA COUNTY

#15903

ANDREW J. LONG BY G. W. BERGMAN TO THE PUBLIC

STATE OF WASHINGTON

County of Skamania

ss.

G. W. BERGMAN being first duly sworn says: I was acquainted with Andrew J. Long on November 6th 1893, and also on December 9th, 1893, and on said dates he was a single man.

G. W. BERGMAN.

Subscribed and sworn to before me this 22nd day of August 1929.

(Notarial Seal)

R. M. WRIGHT,

Notary Public for Washington, residing at Stevenson therein.

Filed for record August 22, 1929 at 1:45 P. M. by R. M. Wright.

G. C. Chessier, County Auditor.

By Nelda J. Fosse Deputy.

16085

Mathew Fox to The Public

State of Nebraska
Department of Public Welfare
Bureau of Health
Division of Vital Statistics

Certified Copy of Death Certificate

1. Place of Death
County Merrick
Township
City Clarks No. Street.

Registered No. 3004

:If death occurred in a hospital or institution give its Name instead of street and number.

2. Full Name Mathew Fox
Residence

Length of residence in city or town where death occurred yr mo da. How long in U. S. if of foreign birth yr. mo da.

PERSONAL AND STATISTICAL PARTICULARS.

(Write the word)

3. Sex, Male. 4. Color or Race, White. 5. Single Married Widowed Divorced, Married.

5a. If married, widowed or divorced
Husband of
or
wife of Sybil Fox.

6. Date of Birth (mo) June (day) 21 (yr) 1835

7. Age Years 39, Months 8, Days 24, If less than 1 day...hrs...or.....min.

8. Occupation of Deceased.

- (a) Trade, profession, or particular kind of work.....retired.
(b) General nature of industry, business, or establishment in which employed.....
(c) Name of employer.

9. Birthplace: and
:State or Country...New York

10. Name of father, William Fox. 11. Birthplace : Cit. or town
of : and
Father : State or country...New York.
:City or town

12. Maiden name of mother, Katie Coon 13. Birthplace of mother: and
:State or Country...New York.

14. Informant, Mrs. Frank Adams 15. Filed Mar. 18, 1925.
Address, Clarks, Nebr. M. P. Sears, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16. Date of Death.... (Month) (DAY) (Year)
March 15 1925.

17. I HEREBY CERTIFY, That I attended deceased from.....19...., to Mar. 14, 1925 that I saw him alive on Mch. 14, 1925 and that death occurred on the date above stated, at 3:00 A. M. Cause of Death (Deaths from violence, give means and nature of injury, whether accidental, suicidal, or homicidal.).....Acute Dilatation of Heart.
(duration) yrs. mos. ds.
CONTRIBUTORY Acute Gall bladder (duration) yrs. mos 3 ds.

18. Where was disease contracted If not at place of death? Did an operation precede death? Date of.....Cause. Was there an autopsy? What test confirmed diagnosis? Symptoms.
(Signed) Robert R. Douglas, M.D. Mch. 17 1925 (Address) Clarks, Nebr.