

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. Foster 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

Registered No. 3004

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

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 89, 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: City or Town

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 Goon

13. Birthplace of mother: and
:State or Country....New York.

14. Informant, Mrs. Frank Adams
Address, Clarks, Nebr.

15. Filed Mar. 18, 1925.
M. P. Sears, Registrar.

MEDICAL CERTIFICATE OF DEATH.

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

17. I HEREBY CERTIFY, That I attended deceased from.....19...., to Mar. 14, 1925 that I saw him alive on Mar. 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. Mar. 17 1925 (Address) Clarks, Nebr.

MISCELLANEOUS RECORD G

SKAMANIA COUNTY.

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19. Place of Burial, cremation or removal, Bureau Cemetery. Date of Burial 3/18/1925.

20. Undertaker, W. J. Fosbury 851 Address, Clarks.

I HEREBY CERTIFY, That the foregoing is a true copy of the certificate of death of Mathew Fox filed with the Division of Vital Statistics Nebraska State Department of Public Welfare.

(State of Nebraska Seal)

Esther L. Stern, State Register.
Lincoln, Nebraska, February 25,
1929.

Filed for record Nov. 20, 1929 at 2:57 o'clock, P. M.

G. C. Chesser
G. C. Chesser, County Auditor.

16086

Special 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. 7305

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

2. Full Name, Sybel Fox
Residence,
Length of 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

3. Sex, female. 4. Color or Race, White. 5. Single Married Widowed Divorced, Widow.
(Write the Word)

5a. If married widowed or divorced
Husband-of
or Mathew Fox.
Wife of

6. Date of Birth (mo) Nov. (day) 5 (yr.) 1842.

7. Age Years, 83., Months 6, Days 22, If less than 1 day hrs. or min.

8. Occupation of Deceased. (a) Trade, profession or particular kind of work, ... At home.
(b) General nature of industry, business, or establishment in which employed.....
(c) Name of employer.....

9. Birthplace: and
:City or town Jefferson Co.

10. Name of father, Wm. Green.
:State or Country, New York.
:City or town, Jefferson Co.

11. Birthplace of father: and
:State or Country, New York.

12. Maiden name of mother, Dorcas Angel 13. Birthplace of Mother: and
:City of town, Jefferson Co.
:State or country, New York.

14. Informant, Mrs. Frank Adams
Address, Clarks.

15. Filed 7/26, 1926, W. J. Fosbury, Registrar.

MEDICAL CERTIFICATE OF DEATH

16. Date of Death July 27 1926
(Month) (day) (year)

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1925 to July 27, 1926, that I saw her alive on July 27, 1926 and that death occurred on the date above stated, at 12:00 A. M. CAUSE OF DEATH (Deaths from violence, give means and nature of injury, whether accidental, suicidal, or homicidal.) Cerebral Hemorrhage. (duration) yrs. mos. l. ds. Contributory, Arterio Sclerosis (duration) Several yrs. mos. ds.

18. Where was disease contracted. If not at place of death? Did an operation precede death? Date of..... Cause. Was there an autopsy? No. What test confirmed diagnosis? Symptoms.
(Signed) Robert A. Douglas M. D. 7-28 1926 (Address) Clarks, Nebr.

19. Place of burial, cremation or removal, Bureau Cemetery. Date of burial 7/29 1926

20. Undertaker, W. J. Fosbury 851 Address. Clarks.

I HEREBY CERTIFY, That the foregoing is a true copy of the certificate of death of Sybel Fox, filed with the Division of Vital Statistics Nebraska State Department of Public Welfare.