

MISCELLANEOUS RECORD G
SKAMANIA COUNTY

345

Johnson-Cox Co., Albany, N.Y., Makers, Tacoma - 4587

Filed for record October 10, 1942 at 11-50 a.m. by Carter

Mabel J. J. J.
Skamania County Auditor.

#32070

Frank W. Hill to The Public

Oregon State Board of Health Division of Vital Statistics.

Standard Certificate of Death State of Oregon. State File No. 257. Local Registrar's
No. 222. 11107

1. Place of death: (a) County Umatilla
(b) City or town Pendleton (If outside city or town limits write rural.)
(c) Name of hospital or institution: Eastern Oregon State Hospital
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution
In this community 11y9m25d In state 35 y years, months or days.
 2. Usual residence of deceased:
(a) State Oregon (b) County Multnomah (c) City or town Portland, Oregon
(if outside city or town limits write rural) (d) Street No. 187
Granado Court (If rural give location) (e) If foreign born, how
long in U.S.A.? 35 years.
 3. (a) Full name Frank N. Hill
 3. (b) If veteran, name war -- 3. (c) Social Security No. --
 4. Sex: M
 5. Color or race: W
 6. (a) Single, widowed, married, divorced: Married.
 6. (b) Name of husband or wife: Ina E. Hill
 6. (c) Age of husband or wife if alive: Unk years
 7. Birth date of deceased: unk. (month) unk. (day) abt. 1889 (year)
 8. Age: abt. 53 years months -- days--- If less than one day ____ hr. ____ min.
 9. Birthplace Finland (State or foreign country)
 10. Usual occupation: Ship carpenter
 11. Industry or business: --
 12. Name of father: Unk. 13. Birthplace Finland (State or foreign country)
 14. Maiden name of mother: unk. 15. Birthplace: Finland (State or foreign country)
 16. (a) Informant's own signature: EOSH Records
(b) Address Box A, Pendleton, Oregon.
 17. (a) Cremation (b) Date thereof 8-29-42 (c) Place: cremation EOSH
 18. Signature of funeral director: EOSH
(b) Address: Box A, Pendleton, Oregon.
 19. (A) 9/2/42 (b) R. N. Wilcox (Registrar's signature)
(Date received local registrar)
- Medical certification:
20. Date of death: Month August day 26 year 1942 hour 12:45 p.m. minute
 21. I hereby certify that I attended the deceased from July 11, 1942, to August 26, 1942;
that I last saw him alive on August 26, 1942; and that death occurred on the date and
hour stated above.
Immediate cause of death: Pulmonary tuberculosis (13 b) Duration--
Due to ----- Due to -----
Other conditions Tuberculosis of bone Physician
(Include pregnancy within 3 months of death)
Major findings: Underline the cause to which
Of operations ----- death should be charged
Of autopsy ----- statistically
 22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) --
(b) Date of occurrence -----
(c) Where did injury occur? ----- (City or town) (County) State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? ----- (e) Means of injury -----
 23. Signature E I Silk, M. D.
Address: Box A, Pendleton, Ore. Date signed 8/26/42.

STATE OF OREGON)
(ss
COUNTY OF MULTNOMAH)

I hereby certify that the above photograph is an exact replica of the original record
on file with the Division of Vital Statistics of the Oregon State Board of Health.

Date: Sept. 28, 1942. by Frederick G Strike, State Registrar
G. Ruedy, 3d Assistant State Registrar

Filed for record October 10, 1942 at 9-00 a.m. by Karin M. Burnham

Mabel J. J. J.
Skamania County Auditor.