

## MISCELLANEOUS RECORD G

SKAMANIA COUNTY

AUSTIN L. WALKER TO THE PUBLIC

## TRANSPORTATION OF CORPSE

OREGON STATE BOARD OF HEALTH  
CERTIFICATE OF DEATH

1. PLACE OF DEATH--  
COUNTY OF MULTNOMAH, STATE OF OREGON  
CITY OF PORTLAND, EMANUEL HOSPITAL

STATE REGISTERED No.--  
LOCAL REGISTERED No.--

2. FULL NAME--  
AUSTIN L. WALKER

(A) RESIDENCE--  
SKAMANIA, WASH

LENGTH OF RESIDENCE IN CITY WHERE DEATH OCCURRED--  
7 DAYS

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED  
MALE WHITE OR DIVORCED (WRITE THE WORD) MARRIED

5A IF MARRIED, WIDOWED OR DIVORCED  
HUSBAND OF PEARL L. WALKER

6. DATE OF BIRTH (MONTH, DAY AND YEAR)  
DEC. 24, 1869.

7. AGE YEARS MONTHS DAYS (IF LESS THAN 1 DAY  
56 --- 5 HRS. OR --MIN)

8. OCCUPATION OF DECEASED  
(A) TRADE, PROFESSION OR PARTICULAR  
KIND OF WORK--STATE HIGHWAY  
(B) GENERAL NATURE OF INDUSTRY, BUSINESS  
OR ESTABLISHMENT IN WHICH EMPLOYED--  
PATROLMAN

(C) NAME OF EMPLOYER--STATE OF WASHINGTON  
9. BIRTHPLACE--(CITY OR TOWN  
STATE OR COUNTY--OREGON

10. NAME OF FATHER--JAMES WALKER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)  
(STATE OR COUNTY)--UNKNOWN

12. MAIDEN NAME OF MOTHER--LEONA JOHNSON

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  
(STATE OR COUNTY)--UNKNOWN

14. INFORMANT--PEARL L. WALKER  
(ADDRESS)--SKAMANIA, WASH.

15. FILED 12-31-1925 J. G. ABLE, M. D.  
REGISTRAR.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND  
YEAR)--DEC. 30, 1925

17. I HEREBY CERTIFY, THAT I AT-  
TENDED DECEASED FROM DEC. 23,  
1925 TO DEC. 30, 1925, THAT I  
LAST SAW HIM ALIVE ON DEC. 29,  
1925, AND THAT DEATH OCCURRED  
ON THE DATE STATED ABOVE, AT  
4.08 A. M.

THE CAUSE OF DEATH WAS AS FOL-  
LOWS:

BRONCHO PNEUMONIA

(DURATION) YRS MOS 4 DAYS

CONTRIBUTARY--HYPERTHROPY OF  
PROSTATE

(DURATION)--2 YRS MOS DAYS

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH--

DID AN OPERATION PRECEDE

DEATH, NO. DATE OF-----

WAS THERE AN AUTOPSY-----

WHAT TEST CONFIRMED DIAGNOSIS--

PHYSICAL SIGNS

(SIGNED) BEN N. WADE, M. D.

12-25-1925, (ADDRESS)

1204 STEVENS BLDG

19. PLACE OF BURIAL, CREMATION OR  
REMOVAL--SKAMANIA, WASH.

DATE OF BURIAL--JAN. 2, 1926

20. UNDERTAKER--PEARSON CO

ADDRESS--PORTLAND, ORE.

PLACE WHERE REMAINS ARE TO BE SENT--  
SKAMANIA, WN.,

LICENSED EMBALMER--ARTHUR PEARSON

DATE OF SHIPMENT--JAN. 2, 1926.

ADDRESS--PORTLAND, OREGON.

## PERMIT OF REGISTRAR

THIS PERMIT WITH ABOVE CERTIFICATE MUST BE PRESENTED TO INITIAL BAGGAGE AGENT AND  
DELIVERED WITH BODY AT DESTINATION.

PERMISSION IS HEREBY GRANTED TO REMOVE FOR BURIAL AT SKAMANIA, WASH., THE BODY OF  
AUSTIN L. WALKER, ABOVE DESCRIBED, IF PREPARED IN ACCORDANCE WITH THE LAWS OF THIS  
STATE, PRINTED ON THE BACK OF THIS PERMIT. IF NOT SHIPPED BY EXPRESS, STATE NAME OF  
PERSON WHO IS AUTHORIZED TO ACCOMPANY THE BODY.

JAN. 2, 1926.  
J. G. ABLE, M. D.  
G. REGISTRAR.

FILED FOR RECORD AT 2:30 P. M., JAN. 2, 1926, BY G. HARRIS.

*W. A. Miller*  
COUNTY AUDITOR  
BY *Edith Prindle* DEPUTY