

MISCELLANEOUS RECORD G

SKAMANIA COUNTY

John P. Cox Company, Makers, Tacoma, 4887

#45096

Paul C. Allen to The Public

STANDARD CERTIFICATE OF DEATH

State of Oregon

Board of Health - Portland

Federal Security Agency - U.S. Public Health Service

Local Registrar's

Number 4768

VA-S-Av-14

State File No. 14130

Date Received JAN 14 1952

1. NAME OF DECEASED PAUL C. ALLEN 332X

2. PLACE OF DEATH
A. COUNTY MULTNOMAH
B. CITY OR TOWN PORTLAND
C. LENGTH OF STAY in this place DAYS
D. FULL NAME OF HOSPITAL OR INSTITUTION SAINT VINCENT'S HOSPITAL

3. USUAL RESIDENCE
A. STATE WASHINGTON
B. COUNTY SKAMANIA
C. CITY OR TOWN HOME VALLEY
D. STREET ADDRESS GENERAL DELIVERY

4. DATE OF DEATH December 20, 1951

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married

7b. NAME OF HUSBAND OR WIFE Mrs. May Allen

8. DATE OF BIRTH June 22, 1892

9. AGE 59

10. BIRTHPLACE Illinois

11. CITIZEN OF WHAT COUNTRY U.S.A.

12. FATHER'S NAME Not known

13. MOTHER'S MAIDEN NAME Not known

14a. USUAL OCCUPATION Railway Conductor

14b. KIND OF BUSINESS OR INDUSTRY SP&S Railroad

15. IF VETERAN NAME WAR World War One

16. INFORMANT'S OWN SIGNATURE Mrs. May Allen

17. SOCIAL SECURITY NUMBER ?

18. CAUSE OF DEATH

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebral Thrombosis

INTERVAL BETWEEN ONSET AND DEATH 24 hrs.

ANTECEDENT CAUSES DUE TO (writing illegible) Yes

11. OTHER SIGNIFICANT CONDITIONS

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY Yes

21a. ACCIDENT SUICIDE HOMICIDE

21b. PLACE OF INJURY

21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY

21e. INJURY OCCURRED While at work Not While at Work

21f. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM DEC. 17, 1951 TO DEC. 19, 1951 THAT I LAST SAW THE DECEASED ALIVE ON DEC. 19, 1951 AND THAT DEATH OCCURRED AT 7:00 a.m., FROM THE CAUSES AND ON THE DATE STATED ABOVE. F. FLOYD SOUTH, M.D. Coroner by F. Ross Woodward - deputy

23a. SIGNATURE (Name illegible M.D.)

23b. ADDRESS 1216 S. W. Yamhill Portland, Ore.

23c. DATE SIGNED 12/21/51

24a. BURIAL, CREMATION, Removal & Burial

24b. DATE 12-20-51

24c. NAME OR CEMETERY OR CREMATORY Park Hill Cemetery

24d. LOCATION Vancouver, Washington

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FUNERAL DIRECTORS SIGNATURE ADDRESS
DEC 21 1951 Thos. L. Meador M.D. Fred L. Apple Hamilton's Funeral Home
Vancouver, Washington

STATE OF OREGON } ss. FEB 11 1953
County of Multnomah }

This is to certify that the foregoing is a reproduction of the original record on file in the Vital Statistics Section of the OREGON STATE BOARD OF HEALTH.

By Direction of
Harold M. Erickson, M.D. (Seal Affixed)
State Health Officer

Deal L. Huxtable
State Registrar
By Alice Barts
Title Clerk

Filed for record February 27, 1953 at 1-23 p.m. by Mrs. May Allen.

John C. Wankler
Skamania County Auditor