

P. M. MORGAN, AGNESS H. MORGAN, JOSEPH T. MORGAN AND SARAH J. MORGAN. THAT HE DIED WITHOUT LEAVING A WILL.

I FURTHER SAY THAT I AM THE HUSBAND OF MARY McDONALD AND AM FAMILIAR WITH THE FAMILY HISTORY.

DATED THIS 14TH DAY OF JUNE 1919

H. B. McDONALD

SUBSCRIBED AND SWORN TO BEFORE ME THIS 14TH DAY OF JUNE 1919.

(NOTARIAL)  
( SEAL )

GEORGE J. MOODY  
NOTARY PUBLIC FOR WASHINGTON,  
RESIDING AT WASHOUGAL, THEREIN.

OREGON STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

CERTIFIED COPY OF DEATH RECORD

1. PLACE OF DEATH  
COUNTY MULTNOMAH STATE..OREGON  
TOWNSHIP ..... OR VILLAGE .....  
CITY .....PORTLAND No, ST. VINCENT'S HOSPITAL ST., .....WARD  
STATE REGISTERED No. \_\_\_\_\_  
LOCAL REGISTERED No. \_\_\_\_\_
2. FULL NAME ..... PETER MORGAN  
(A) RESIDENCE. No. ST. VINCENT'S HOSPITAL
- PERSONAL AND STATISTICAL PARTICULARS
3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (WRITE THE WORD) SINGLE
- 5A IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, HRS.. OR MIN. 29
8. OCCUPATION OF DECEASED  
(A) TRADE, PROFESSION, OR PARTICULAR KIND OF WORK .. LABORER  
(B) GENERAL NATURE OF INDUSTRY, BUSINESS, OR ESTABLISHMENT IN WHICH EMPLOYED  
(C) NAME OF EMPLOYER .....
9. BIRTHPLACE (CITY OR TOWN).....  
(STATE OR COUNTRY).....
10. NAME OF FATHER JOHN MORGAN
11. BIRTHPLACE OF FATHER (CITY OR TOWN)(STATE OR COUNTRY) .....
12. MAIDEN NAME OF MOTHER ELLEN MORGAN
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)
14. INFORMANT .....  
(ADDRESS) .....
15. FILED AUG. 28, 1899 .....REGISTRAR
1. MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG. 28, 1899
17. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM..., 19..., TO..., 19... THAT I LAST SAW H.. ALOVE ON ....., 19..., AND THAT DEATH OCCURRED ON THE DATE STATED ABOVE, AT ..... M.
- THE CAUSE OF DEATH WAS AS FOLLOWS: .....PNEUMONIC TUBERCULOSIS HAEMORRHAGES OF LUNG
- CONTRIBUTORY .....
18. WHERE WAS DESEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....  
DID AN OPERATION PRECEDE DEATH? ..... DATE OF..... WAS THERE AN AUTOPSY.....  
WHAT TEST CONFIRMED DIAGNOSIS? .....
- (SIGNED) A. P. O'LEARY, M.D. AUG. 28, 19 ADDRESS ST.VINCENTS HOSP
19. PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL  
VANCOUVER, WASH AUG. 30, 1899.
20. UNDERTAKER ADDRESS  
DUNNING & CAMPTON 266 BURNSIDE