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STANDARD CERTIFICATE OF DEATH									
LOCAL REGISTRAR					STATE OF OREGON				
NUMBER 11892					STATE FILE NO 5344				
FEDERAL BUREAU OF INVESTIGATION					FEDERAL BUREAU OF INVESTIGATION				
1. NAME OF DECEASED		2. SEX		3. AGE		4. RACE		5. DATE OF BIRTH	
JAMES E. ROSS		M		40		W		May 17, 1903	
6. PLACE OF BIRTH		7. CITY		8. COUNTY		9. STATE		10. DATE OF DEATH	
Portland, Oregon		Portland		Multnomah		Oregon		May 12, 1943	
11. PLACE OF DEATH		12. CITY		13. COUNTY		14. STATE		15. DATE OF DEATH	
Portland, Oregon		Portland		Multnomah		Oregon		May 12, 1943	
16. FATHER'S NAME		17. MOTHER'S NAME		18. FATHER'S OCCUPATION		19. MOTHER'S OCCUPATION		20. VETERAN'S NAME	
Thompson, F. Omer		Marie Ross		Factory Worker		Housewife		Polio 3000	
21. CAUSE OF DEATH		22. MEDICAL CERTIFICATION		23. DISEASE OR CONDITION		24. ANTECEDENT CAUSE		25. OTHER SIGNIFICANT CONDITIONS	
Brain tumor, probably arising in 3rd ventricle, invading both hemispheres, bilateral cataracts, & arteriosclerosis.		Entered only one cause for (1), (2), and (3). DISEASE OR CONDITION. DIRECTLY CAUSING DEATH.		Brain tumor, probably arising in 3rd ventricle, invading both hemispheres, bilateral cataracts, & arteriosclerosis.		Arteriosclerosis.			
26. DATE OF DEATH		27. MAJOR FINDINGS OF OPERATION		28. VETERAN'S NAME		29. VETERAN'S SERVICE NUMBER		30. AUTOPSY	
May 12, 1943		Ventricular obstruction, complete.		James E. Ross		100-10-10-10		No	
31. TIME OF DEATH		32. PLACE OF DEATH		33. CITY, TOWN, OR VILLAGE		34. COUNTY		35. STATE	
10:45		Portland, Oregon		Portland		Multnomah		Oregon	
36. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM April 30, 1943 to May 12, 1943 THAT I LAST SAW THE DECEASED ALIVE ON May 12, 1943 AND THAT DEATH OCCURRED AT 10:45 P.M. FROM THE CAUSE AND ON THE DATE STATED ABOVE.		37. SIGNATURE OF REGISTRAR		38. SIGNATURE OF DECEASED'S NEAREST RELATIVE		39. SIGNATURE OF FUNERAL DIRECTOR		40. SIGNATURE OF WITNESSES	
		James E. Ross		Marie Ross		James E. Ross		Marie Ross	

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A. Deeds

\$1.00