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CERTIFIED COPY

VOL. M69 PAGE 8355

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

Oregon State Board of Health
Division of Vital Statistics

Standard Certificate of Death

STATE OF OREGON 46b

State File No. 3243
Local Registrar's No. 3241

1. PLACE OF DEATH:
(a) County Multnomah
(b) City or town Portland (If outside city or town limits write RURAL)
(c) Name of hospital or institution: St. Vincents Hospital (If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution 3 weeks. In this community 3 weeks In state 40 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Oregon (b) County Klamath
(c) City or town Sprague River (If outside city or town limits write RURAL)
(d) Street No. Box 105 (If rural give location)
(e) If foreign born, how long in U. S. A.? ______ years.

3. (a) FULL NAME Edward J. Stoneman
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillian Stoneman
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased January 8, 1882 (Month) (Day) (Year)
8. Age: Years 61 Months 8 Days 2 If less than one day ___ hr. ___ min.
9. Birthplace Sawyer Wisconsin (City, town, or county) (State or foreign country)
10. Usual occupation Proprietor pool room
11. Industry or business
12. Name Luke Stoneman
13. Birthplace Wisconsin (City, town, or county) (State or foreign country)
14. Maiden name Ellen Davis
15. Birthplace Canada (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Lillian Stoneman
(b) Address Sprague River Ore.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 13/43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Calvary
18. (a) Signature of funeral director A. R. Zeller Co. R. J. Zeller
(b) Address Portland, Oregon #56
19. (a) AUG 13 1943 (Date received local registrar) (b) Thos. L. Meador M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month August day 10 year 1943 hour 5 minute 05 p.m.
21. I hereby certify that I attended the deceased from June 21 1943, to Aug 10, 1943 that I last saw him alive on Aug 10, 1943; and that death occurred on the date and hour stated above. (46b)

	Duration
Immediate cause of death Carcinoma of Cardiac end of Stomach	
Due to General Peritonitis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Ca Cardiac end of Stomach	
Of autopsy None	

PHYSICIAN: Underline the cause to which death should be charged 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature D. M. Boyce (M. D. or other)
Address Portland Date signed 8/10/43

Important: Death should be reported promptly ... OF DEATH ...

VOID IF UNAUTHORIZED CHANGES ARE MADE OR COPIES

STATE OF OREGON
County of Multnomah } ss.

DATE ISSUED FEB 6 1969

I hereby certify that the foregoing copy has been compared by me with the original document and is a true, full and correct copy of the original certificate as the same appears on file in the Vital Statistics Section of the Oregon State Board of Health and in my official care and custody.

Miriam M. Martin

STATE REGISTRAR

VS-112 Rev. 2-2-67

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of E.W. Varnum
this 29 day of September A. D. 1969 at 12:35 o'clock PM, and
duly recorded in Vol. M-69, of Deeds on Page 8355
Wm D. MILNE, County Clerk
Fee 1.50
21 By Evelyn Biehn