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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

38-10767

Oregon State Board of Health
Division of Vital Statistics

Standard Certificate of Death

STATE OF OREGON

State File No. 28
Local Registrar's No. 20

1. PLACE OF DEATH:
(a) County Clackamas
(b) City or town Oregon City (If outside city or town limits, write RURAL)
(c) Name of hospital or institution Hutchinson Hospt (If not in hospital or institution write street number or locality)
(d) Length of stay: In hospital or institution 6 days
In this community Life (years, months or days) In state 19

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

3. (a) FULL NAME Betty Johnson
3. (b) If veteran name war No
3. (c) Social Security No. No
4. Sex F
5. Color or race W
6. (a) Single, widowed, married divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ______ years
7. Birth date of deceased Sept 22 - 1922 (Month) (Day) (Year)
8. AGE: Years 14 Months 3 Days 26 If less than one day ___ hr. ___ min.
9. Birthplace Oregon City Ore (City, town, or county) (State or foreign country)
10. Usual occupation Student
11. Industry or business

Father:
12. Name Richard Johnson
13. Birthplace Iowa (City, town, or county) (State or foreign country)

Mother:
14. Maiden name Altha Stevens
15. Birthplace Oregon City Ore (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Richard Johnson
(b) Address Oregon City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 19 - 42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt View
18. (a) Signature of funeral director Holman Hankin
(b) Address Oregon City R2 Reliance 243
19. (a) 1/19/42 (Date received local registrar) (b) [illegible], M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Jan day 17 year 1942 hour 3 minute 05 P.M.
21. I hereby certify that I attended the deceased from Oct 22 1941 to Jan 17 1942, that I last saw h[er] alive on Jan 17 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	3 days
Due to [illegible] anemia & marked debility	2 months
Due to Chronic glomerular nephritis with marked hypertension	6 years

Other conditions No (Include pregnancy within 3 months of death)
Major findings: Of operations No
Of autopsy No

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 [illegible] (M. D. or other)
Address Oregon City Ore Date signed 1/18/42

DATE ISSUED

STATE OF OREGON, COUNTY OF MULTNOMAH)ss June 2 1976

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 HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

Ret. Frank

STATE REGISTRAR
[signature]

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 16th day of June A.D., 19 76 at 10;58 o'clock A M., and duly recorded in Vol M 76 of DEEDS on Page 8901.

WM. D. MILNE, County Clerk.
By Hazel Drazil Deputy

FEE $ 3.00

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