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Oregon State Board of Health
Division of Vital Statistics

Standard Certificate of Death

STATE OF OREGON

State File No 5809

Local Registrar's No 440

1. PLACE OF DEATH: SEP 11 1946

(a) County Multnomah

(b) City or town Rural Portland (If outside city or town limits write RURAL)

(c) Name of hospital or institution Columbia Slough Between S.P.&S. Bridges (If not in hospital or institution, give street address or location)

(d) Length of stay: In hospital or institution No (Specify whether days, months or years)

In this community 30 days In state 22 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Oregon (b) County Klamath

(c) City or town Klamath Falls (If outside city or town limits write RURAL)

(d) Street No Klamath Falls (If rural give location)

(e) If foreign born, how long in U S A? 23 Yrs years 183

3. (a) FULL NAME Giuseppe Cabella

3. (b) If veteran, name war No

3. (c) Social Security No No

4. Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Antoinetta Cabella

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased January 10, 1896 (Month) (Day) (Year)

8. Age: Years 50 Months Days If less than one day hr. min.

9. Birthplace Italy (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Retired

Mother's Family 12. Name Unknown

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Antoinetta Cabella

(b) Address Klamath Falls, Ore.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/14/46 (Month) (Day) (Year)

(c) Place burial or cremation Rose City Cemetery

18. (a) Signature of funeral director Edw. Holman & Son

(b) Address Portland, Ore. C-123

19. (a) 8-14-46 (Date received by registrar) (b) [signature]

MEDICAL CERTIFICATION

20. Date of death: Month August day 6

year 1946 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from 19... to ... 19... that I last saw h... alive on Autopsy 19... and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation due to drowning.

Poisoning: General due to barbital 18Mg. to 500 grams of tissue.

Other conditions Drowned in Columbia Slough.

Major findings of operations

Of autopsy Yes.

Overrule

PHYSICIAN Underlying cause to which death should be charged (statistical)

DR. EARL SMITH, Coroner By [signature] Deputy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Undetermined

(b) Date of occurrence 8/6/46

(c) Where did injury occur? Portland, Rural, Ore. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place or in public place? Public place. (Specify type of place)

While at work? (e) Means of injury Above.

Rbt. G. Johnston, M D or other

U O Med. School Date signed 8/12/46

Each CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATE PRINTING DEPT.