

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

Oregon State Board of Health

Certificate of Death

1. PLACE OF DEATH

County Multnomah State Oregon
 Township _____ or Village _____
 City Portland No. Multnomah Hospital St. _____ Ward _____

State Registered No.

350

Local Registered No.

353

Length of residence in city or town where death occurred (If death occurred in a hospital or institution, give its name instead of street number) yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME

Carrie Barber

(a) Residence: No. 217-SE-7th Ave St. _____
 (Usual place of abode)

(If nonresident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Status, Married, Widowed or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND or (or) WIFE of None

6. DATE OF BIRTH (month, day and year) 10-3-1862

7. AGE Years 70 Months 3 Days 19 If less than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done as silk mill, sawmill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

13. NAME James Barber

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Amanda Rowan

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Levy Barber

(Address) 217-SE-7th Ave

18. BURIAL, CREMATION OR REMOVAL

Place Crematorium, January, 1929

19. UNDERTAKER Cummings Funeral Home

(Address) Portland Oregon

20. Filed 19 45 1929 12 11 AM

C. A. Lundberg Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-22-1929

22. I HEREBY CERTIFY, That I attended deceased on 12-11-26, 1926 to 1-21-29, 1929

that I last saw her alive on 1-22-29, 1929; death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral thrombosis Date of onset 1-21-29
Hypertensive and arteriosclerotic
renal disease 1

Contributory causes of importance not related to principal cause

Fracture neck of rt. femur 12-10-26
(ft. in hip spica)

Name of operation _____ Date of _____

What test confirmed diagnosis? Chin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury 12-10-26

Where did injury occur? Portland Oregon

(Specify city or town, county and state)

Specify whether injury occurred in industry, in home, or in public place. at home

Manner of injury slipped & fell at home

Nature of injury fractured femur

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Richard H. Humphrey, D.

(Address) Mt. Hood

R. M. ERWIN, M. D. BY McMood

CORONER

DEPUTY

Important. See instructions on back of certificate.

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS OR A DELEGATED LOCAL OFFICE.

DATE ISSUED: _____

MAY 29 1915

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

Jennifer A. Woodward
 JENNIFER A. WOODWARD, Ph.D.
 STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE