Washington

Oregon State Board of Health

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Registered No. 28

1 PLACE OF DEATH

County Pacific

Township

or Village Deep River

or City

21

(No. Deep River, Washington, Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Mary Forsman. 625

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word): Married

6 DATE OF BIRTH: November (Month) 6 (Day), 1851 (Year)

7 AGE: 64 yrs. 4 mos. 7 ds. If less than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Finland

PARENTS

10 NAME OF FATHER: Niemi

11 BIRTHPLACE OF FATHER (State or country): Finland

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (State or country): Finland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Albert Forsman
(Address) Deep River, Wn.

15 Filed 3-18-1916 J. M. Higgins Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March (Month) 13 (Day), 1916 (Year)

17 I Hereby Certify, That I attended deceased from March 12, 1916 to March 13, 1916 that I last saw her alive on March 12, 1916 and that death occurred, on the date stated above, at 6 55 a. m. The CAUSE OF DEATH* was as follows:

Pneumonia of right lung.

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) Tawo Forsman M. D.

March 18, 1916 (Address) Astoria Ore.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Deep River Cem'y

DATE OF BURIAL: 3/16/16, 191

20 UNDERTAKER: J. A. Gilbaugh Co. Inc.

ADDRESS: Astoria, Or.

REVISED STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relationship of various pursuits can be [illegible] and every [illegible] disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia" unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., or ... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) [illegible] unless important.

OCCUPATION is very important.

AGE should be stated EXACTLY. PHYSICIANS should be careful to furnish all information requested. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.