

OREGON STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

1 PLACE OF DEATH

County of Linn
Township Cottage Grove
or
Village _____
or
City of Cottage Grove (No. 2 Miles South _____ St.; _____ Ward)

STANDARD CERTIFICATE OF DEATH

State Index No. _____

Local Registered No. 7

FULL NAME Chamney Smith Whitlock (If death occurred in a hospital or institution, give its NAME instead of street and number.)

HC80
HA24

PERSONAL AND STATISTICAL PARTICULARS

2 Sex male 4 Color or Race white 5 Single, Married, Widowed or Divorced (Write the word)

6 Date of Birth Sept. 27, 1887
(Month) (Day) (Year)

7 Age 60 yrs. 6 mos. 7 ds. If less than 1 day...hrs. or...min.?

8 Occupation (a) Trade, Profession, or particular kind of work farmer (b) General nature of industry, business or establishment in which employed (or employer)

9 Birthplace (State or country) Ills.

10 Name of Father Luke M. Whitlock

11 Birthplace of Father (State or country) Ills.

12 Maiden Name of Mother not known

13 Birthplace of Mother

14 The above is true to the best of my knowledge (Informant) Charles Whitlock (Address) Cottage Grove

15 Filed Feb 1, 1917 W. H. G. [unclear] Registrar

MEDICAL CERTIFICATE OF DEATH

16 Date of Death Feb. 18, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended the deceased from called to his death Feb 7/18, 1917, that I last saw him alive on Feb 7/18, 1917, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows:

Pneumy Pleurisy

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary) Some organ that disease

(Signed) W. H. G. [unclear] M. D. Feb 18, 1917 (Address) Cottage Grove

*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 I.O.O.F Date of Burial Feb. 20, 1917

20 Undertaker Karl K. [unclear] Address Cottage Grove

Exact statement of OCCUPATION is very important.

uncle Charles