

WC30  
W224

N. B.—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.

1 PLACE OF DEATH County <u>Marion</u>		Oregon State Board of Health BUREAU OF VITAL STATISTICS	
Township _____ or Village _____ or City <u>Salem</u> (No. <u>O.S.D.A.</u> St.; _____ Ward)		STANDARD CERTIFICATE OF DEATH	
2 FULL NAME <u>Sarah Whitlock</u>		Registered No. <u>734</u> [If death occurred in a hospital or institution, give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Married</u> (Write the word)	16 DATE OF DEATH <u>March - 29</u> , 191 <u>2</u> (Month) (Day) (Year)
6 DATE OF BIRTH _____, 18 <u>64</u> (Month) (Day) (Year)		17 I HEREBY CERTIFY, That I attended deceased from <u>Feb-13</u> , 191 <u>2</u> , to <u>time of death</u> 191 <u>2</u> , that I last saw her alive on <u>date of death</u> 191 <u>2</u> , and that death occurred, on the date stated above, at <u>7:30 P.m.</u> The CAUSE OF DEATH* was as follows: <u>General Paralysis and Cerebrovascular</u> (Duration) _____ yrs. _____ mos. _____ ds.	
7 AGE <u>48</u> yrs. _____ mos. _____ ds.	If less than 1 day _____ hrs. or _____ min.?		
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____		Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.	
9 BIRTHPLACE (State or country) <u>Missouri</u>		(Signed) <u>G.C. Bellinger</u> M. D. <u>3-30-1912</u> (Address) <u>Hosp. Sta.</u>	
10 NAME OF FATHER <u>J.W. Ashby</u>		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
11 BIRTHPLACE OF FATHER (State or country) <u>West Virginia</u>		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death <u>3</u> yrs. <u>3</u> mos. <u>13</u> ds. In the <u>7</u> yrs. _____ mos. _____ ds. Where was disease contracted, if not at place of death? Former or usual residence <u>Cottage Grove</u>	
12 MAIDEN NAME OF MOTHER <u>Ellen (Ashby)</u>		19 PLACE OF BURIAL OR REMOVAL <u>Bridge Street Cem.</u> DATE OF BURIAL <u>2-21-1912</u>	
13 BIRTHPLACE OF MOTHER (State or country) _____		20 UNDERTAKER <u>G. S. [unclear]</u> ADDRESS <u>Salem Ore</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>O.S.D.A. record.</u> (Address) <u>Hosp. Sta.</u>			
15 Filed _____ 191 _____ Registrar _____			