

Peter  
Whitlock

CERT 2973

Oregon State Board of Health

Certificate of Death

State Registered No. 175  
Local Registered No. 19

1. PLACE OF DEATH

County Lane State Ore  
Township \_\_\_\_\_ or Village \_\_\_\_\_ or  
City Cottage Grove No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

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

2. FULL NAME Denny Daniel Whitlock

(a) Residence: No. 310 N. Douglas St., \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and state)

NH58  
WL24

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed or Divorced (Write the word) widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) Oct 17 - 1857

7. AGE Years 72 Months 6 Days 25 If less than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
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) Rendall Co. (State or country) Tex.

FATHER 13. NAME James Whitlock

14. BIRTHPLACE (city or town) Don't know (State or country)

MOTHER 15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) Don't know (State or country)

17. INFORMANT Herbert Whitlock (Address) 310 - N. Douglas

18. BURIAL, CREMATION OR REMOVAL Place Mt. Zion Date 5/14/34

19. UNDERTAKER Karl W. Miles (Address) 906 Adams Ave.

20. Filed 5/13/34 W. E. Boat Registrar

NH57  
NH58

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mad. \_\_\_\_\_, 1934, to May 17, 1934

that I last saw him alive on May 12, 1934; death is said to have occurred on the date stated above, at 6:30 P. m.

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

Angina Pectoris Date of onset 1927

(940)

Contributory causes of importance not related to principal cause: \_\_\_\_\_

Name of operation none Date of no  
What test confirmed Physical, findings on autopsy no

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

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and state)

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

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no If so, specify \_\_\_\_\_

(Signed) Harold Arley M. D.  
(Address) Cottage Grove Ore