

91A-17 Death Certificates 1924 Multnomah May 8 - May 12¹⁵

OREGON STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County **MULTNOMAH** State **Ore** State Registered No. **1239**
Township **PORTLAND** or Village _____ Local Registered No. **70**
City _____ No. **Good Samaritan Hospital** St. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME **William James Pateman**
(a) Residence No. **1192 Tibbets** St. _____
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred **15** yrs. mos. ds. How long in U. S., if of foreign birth **1** yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 Single, Married, Widowed, or Divorced (write the word) **Married**

6a If married, widowed, or divorced HUSBAND of **Kate C Pateman** (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) **June 17 1847**

7 AGE Years Months Days If less than 1 day, hrs. or min.
56 **10** **14**

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Florist**
(b) General nature of industry, business, or establishment in which employed (or employer) **Clarke Florist**
(c) Name of employer _____

9 BIRTHPLACE (city or town) **England**
(State or country)

10 NAME OF FATHER **Wm. Pateman**

11 BIRTHPLACE OF FATHER (city or town) **England**
(State or country)

12 MAIDEN NAME OF MOTHER **Eliza Welch**

13 BIRTHPLACE OF MOTHER (city or town) **England**
(State or country)

14 Informant **Mrs. Kate Pateman**
(Address) **1192 Tibbets St**

15 Filed **May 10, 1924** **Dr. George Parrish** Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) **May 8 1924**

17 I HEREBY CERTIFY, That I attended deceased from **Dec 17**, 19**23**, to **May 7**, 19**24**, that I last saw him alive on **May 8**, 19**24** and that death occurred on the date stated above, at _____ m.
The CAUSE OF DEATH* was as follows:
Myocardial infarction
myocardial
infarction
(duration) _____ yrs., **9** mos., _____ days.

CONTRIBUTORY (Secondary) (duration) _____ yrs., _____ mos., _____ days.

18 Where was disease contracted if not at place of death? _____
Did an operation precede death? **no** Date of _____
Was there an autopsy? **yes**
What test confirmed diagnosis? **Physic examination and autopsy**
(Signed) **Professor S. Kern, M. D.**
May 9, 1924 (Address) **Seaside, Ore.**

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL **St. Scott Cemetery** DATE OF BURIAL **May 12 1924**

20 UNDERTAKER **Snook & Wheeler, Portland** ADDRESS _____

very important. See instructions on back of certificate.