

OREGON STATE BOARD OF HEALTH

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CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Marion

State Oregon

State Registered No. 535

Local Registered No. 461

Township

or Village

City Salem

No. 1095 N. 20th

St. Ward

(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Charles Krest

(a) Residence No. 1095 N. 20 St.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? 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

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Philomene Krest

6 DATE OF BIRTH (month, day, and year) Feb. 26 - 1865

7 AGE Years 58 Months 5 Days 9 If less than 1 day, hrs. or min.

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

9 BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Chas. Krest (Address) Salem, Ore

15 Filed 8-7-23 6ashatt Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 5 1923

17 I HEREBY CERTIFY, That I attended deceased from May 29, 1923, to Aug 5, 1923 that I last saw him alive on Aug 5, 1923 and that death occurred on the date stated above, at 11:10 P. M.

The CAUSE OF DEATH was as follows: Exhaustion from spinal cord degeneration (duration) 63 yrs., mos., days.

CONTRIBUTORY (Secondary) Not known (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? No

What test confirmed diagnosis? ✓

(Signed) W. T. Rigdon M. D.

Aug 7, 1923 (Address) Salem, 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 City View, Salem, Ore

DATE OF BURIAL Aug 8 1923

20 UNDERTAKER W. T. RIGDON & SON

ADDRESS Salem

very important. See instructions on back of certificate.