

1 PLACE OF DEATH **PORTLAND, OREGON** Registered No. **90**  
 County **Multnomah**  
 Town of **Portland** No. **779** **Minnesota Ave** Ward **1**  
 City of **Portland**

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME **Anton Aasted**

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE, MARRIED, WIDOWED OR DIVORCED **Widower**  
(Write the word)

6 DATE OF BIRTH **Feb 13 1938**  
(Month) (Day) (Year)

7 AGE **73** **29**  
years, months, days

8 OCCUPATION **Farmer**  
(a) Trade, profession or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE **Denmark**  
(State or country)

10 NAME OF FATHER **Severin Aasted**

11 BIRTHPLACE OF FATHER **Denmark**  
State or country

12 MAIDEN NAME OF MOTHER **Anna M Almund**

13 BIRTHPLACE OF MOTHER **Denmark**  
(State or country)

14a LENGTH OF RESIDENCE  
 At Place of Death **1** years **6** months  
 In Oregon **7** years **7** months

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Inheritance) **George T. Aasted**  
 (Address) **779 Minnesota Ave**

15 Filed **5-15-1941** **Cooper**  
Registrar or Deputy

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **May 13 1941**  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from **May 4 1941** to **May 11 1941** and that death occurred, on the date stated above, at **8 P.M.** The CAUSE OF DEATH was as follows:  
**General Arterial Sclerosis**

Contributory **None** (Duration) **yrs. mos. dys.**  
 Secondary **None** (Duration) **yrs. mos. dys.**  
 Signed: **C. Miller Babbitt** M.D.  
**May 15 1941** Address **838 Minn Ave**

18 STATE THE DISEASE CAUSING DEATH, OR IS DUE TO VIOLENCE, CAUSE STATE (1) MEANS OF INJURY and (2) WHETHER ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

18 SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.  
 Former or Usual Residence **None** How long at Place of Death **None** Dys.  
 Where was disease contracted, if not at place of death?

19 PLACE OF BURIAL OR REMOVAL **None City Cem** DATE OF BURIAL **May 16 1941**

20 UNDERTAKER **Zeller Rasmus** ADDRESS **594 Minn Ave**

DATE ISSUED

Aug. 18

1941

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR

*Norm M. Math*

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION