OREGON STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

13-8716

State Registered No. 16

1 PLACE OF DEATH County Lincoln State Oregon Local Registered No. 54

Township ..... or Village ..... or

City Newport No. ....., ... St., ... Ward

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

2 FULL NAME James Tumbull

(a) Residence. No. ..... St., ...

(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., if of foreign birth? 46 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed or divorced (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Sarah Tumbull

6 DATE OF BIRTH (month, day, and year) March 10, 1848

7 AGE Years	Months	Days	If less than 1 day, ... hrs. or ... min.
70	9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work retired

(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) Canada

PARENTS

10 NAME OF FATHER Thomas Tumbull

11 BIRTHPLACE OF FATHER (city or town) .....

(State or country) Scotland

12 MAIDEN NAME OF MOTHER Rae

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) Scotland

14 Informant James Rae

(Address) Newport Ore.

15 Filed 1/18-, 19 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16 1919

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1918, to Jan. 15, 1919, that I last saw him alive on Jan 15, 1919, and that death occurred on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows: Arterio Sclerosis apoplexy and paralysis

..... (duration) — yrs., — 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 none

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Henry J. Murphy M. D.

Jan 17, 1919 (Address) Newport Oregon

* 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	DATE OF BURIAL
Newport, Oregon	Jan. 18, 1919
20 UNDERTAKER	ADDRESS
Warren B Hartley	Newport, Ore.