

STATE OF WASHINGTON DEPARTMENT OF HEALTH



DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

WASHINGTON STATE DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH

State File No. 15
Registrar's No. 62

1. PLACE OF DEATH:

(a) County Skamania
(b) City or town Underwood (RURAL)
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution: Nil
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution: Nil
(Specify whether
In this community (Years, months or days): 1 Day

2. USUAL RESIDENCE OF DECEASED:

(a) State Oregon (b) County Multnomah
(c) City or town Portland
(If outside city or town limits, write RURAL)
(d) Street No. 1934 S.W. 2nd Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? Nil years

3. (a) FULL NAME CLIFFORD GRANVILLE CUTTING

3. (c) Social Security Number

3. (b) Was decedent ever a member of the Army, Navy or Marine Corps of the United States? Nil Name of organization in which such service was rendered: _____ Rank: _____ Period of service: _____

MEDICAL CERTIFICATION

20. Date of death: Month Sept. day 29 year 1941 hour _____ minute _____
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy
Duration: 1/2 hr

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings:
Of operations _____
Of autopsy _____
Physician: _____
Underline the cause to which death should be charged statistically.

4. Sex M 5. Color or race W 6(a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Mossielee Cutting 6(c) Age of husband or wife if alive _____ years

7. Birth date of deceased 1882
(Month) (Day) (Year)

8. AGE: Years 59 Months _____ Days _____ If less than one day hr _____ min _____

9. Birthplace Watertown S. Dak.
(City, town or county) (State or foreign country)

10. Usual occupation Rural Mail Carrier

11. Industry or business U.S. Government

12. Name Arthur N. Cutting

13. Birthplace Unknown South Dak.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace U.S.A.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Arthur N. Cutting

(b) Address Hood River, Oregon

17. (a) Burial (b) Date thereof Oct 2, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hood River, Ore.

18. (a) Signature of funeral director A. J. Johnson

(b) Address Hood River, Oregon

19. (a) 9-30-41 (b) W. Cordie
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence 9/29/41
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, or public place? _____
(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature J. M. Wright (Registrar)
Address Stevenson Date signed 9/30/41