

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

10582 87-7443-3
Standard Certificate of Death
 STATE OF OREGON

State File No. 7137
 Local Registrar's No. 44-47

Oregon State Board of Health
 Division of Vital Statistics

1. PLACE OF DEATH:
 (a) County Lake NOV 6 1947
 (b) City or town Bly (Rural)
(If outside city or town limits write RURAL)
 (c) Name of hospital or institution:
3 Mi. So. of Dog Lake Lake Co. Oregon
(If not in hospital or institution write Street number or location)
 (d) Length of stay in hospital or institution _____
(Specify whether
 In this community _____ In state Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Oregon (b) County Marion
 (c) City or town Salem
(If outside city or town limits write RURAL)
 (d) Street No. _____
(If rural give location)
 (e) If foreign born, how long in U. S. A.? _____ years.
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3. (a) FULL NAME EARL W. SNELL
 3. (b) If veteran, name war World War #1 3. (c) Social Security No. _____
 4. Sex Male race White 5. Color or White 6. (a) Married
 divorced Married
 6. (b) Name of husband or wife Edith 6. (c) Age of husband or wife 46 years
 if alive _____
 7. Birth date of deceased July 11 1895
(Month) (Day) (Year)
 8. Age: Years 52 Months 3 Days 17 If less than one day _____ hr _____ min.
 9. Birthplace Olex Oregon
(City, town, or county) (State or foreign country)
 10. Usual occupation Governor
 11. Industry or business State of Oregon
 12. Name William H. Snell
 13. Birthplace California
(City, town, or county) (State or foreign country)
 14. Maiden name Mattie May Balding
 15. Birthplace Iowa
(City, town, or county) (State or foreign country)
 16. (a) Informant's own signature A. J. Rose
 (b) Address Portland, Oregon
 17. (a) Removal (b) Date thereof 10/30/47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Salem, Oregon
 18. (a) Signature of funeral director A. J. Rose & Son
 (b) Address 537 S. S. Alder
A. J. Rose
 19. (a) 10-30-47 (b) Joyce H. Robertson
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. Date of death: Month October day 28
 year 1947 hour approx 10 minute 05 P.M.
 21. I hereby certify that I attended the deceased from
took charge of the remains
 19 _____ to _____ 19 _____; that I test new _____ alive
 on _____ 19 _____; and that death occurred on the date
 and hour stated above.

Immediate cause of death	Duration
<u>Accidental trauma by crushing</u>	<u>10/28/47</u>
Due to <u>Occupant of airplane involved in crash</u>	
Due to _____	
Other conditions _____ <small>(Include pregnancy within 3 months of death)</small>	
Major findings: Of operations _____	
Of autopsy _____	

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) accident
 (b) Date of occurrence October 28, 1947
 (c) Where did injury occur? 3 Mi. S. of Dog Lake, Oregon
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place.
 in public place? Public Domain
(Specify type of place)
 While at work? No
 (e) Means of injury crushed in plane
 23. Signature George H. Adcox (M. D. or _____)
 Address Flaherty Falls, Ore. Date signed 10/30/47
J. A. Chesley, Corvallis Lake County

STATE PRINTING DEPT.