

N. B.—WRITE PLAINLY. WITH UNPARDING INK—THIS IS A PERMANENT RECORD. EVEN THE OCCASIONAL
 TYPING 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.

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
 BOARD OF HEALTH—PORTLAND
 FEDERAL SECURITY AGENCY—U. S. PUBLIC HEALTH SERVICE

STATE FILE NO. **681**
 DATE RECEIVED **FEB 10 1955**

LOCAL REGISTRATION NUMBER
VA-P-35-10

1. NAME OF DECEASED (TYPE OR PRINT) Samuel A. DIMOND		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before ad- A. STATE Oregon B. COUNTY Multnomah)	
3. PLACE OF DEATH A. COUNTY Multnomah		3. USUAL RESIDENCE (Where deceased lived, if institution; residence before ad- A. STATE Oregon B. COUNTY Multnomah)	
B. CITY (if outside corporate limits, write RURAL location) Portland		C. CITY (if outside corporate limits, write RURAL) OR TOWN Portland	
D. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration		D. STREET (if rural, give location) ADDRESS 3714 S.E. 42nd St.	
4. DATE OF DEATH (Month) (Day) (Year) Jan. 20, 1955		E. SEX male	
5. COLOR OR RACE white		7A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Indicate) widowed	
6. DATE OF BIRTH 10-15-1873		7B. NAME OF HUSBAND OR WIFE Kattie	
8. AGE (In years) (Months) (Days) 81		10. BIRTHPLACE (State or foreign country) Sauk Center, Minnesota	
11. CITIZENSHIP OF WHAT COUNTRY? USA		12. FATHER'S NAME Henry Elmer Dimond	
13. MOTHER - MAIDEN NAME Betsy Weeks		14. USUAL OCCUPATION Retired telephone company employee	
15. KIND OF BUSINESS OR INDUSTRY None		16. IF VETERAN, NAME AND VA RECORDS Spain, VA Records	
17. SOCIAL SECURITY NO. 510-05-775		17. MEDICAL CERTIFICATION ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C). INTERNAL BETWEEN DISEASE AND DEATH	
18. CAUSE OF DEATH		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) Massive intracerebral hemorrhage	
ANTECEDENT CAUSES		DUE TO (B) Hypertensive cardiovascular-renal disease.	
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (C)	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		21A. ACCIDENT SUICIDE HOMICIDE	
21B. PLACE OF INJURY (In or about home, farm, factory, street, office, building, tavern, etc.)		21C. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21D. TIME OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR		22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1-20-55 ID 1-20-55 AND THAT DEATH OCCURRED AT 8:30 AM FROM THE CAUSES AND ON THE DATE STATED ABOVE.	
23A. SIGNATURE OF PHYSICIAN W. A. HAYES, M.D. Ass't. Pathologist.		23B. ADDRESS VA Hospital, Portland, Oregon	
23C. DATE SIGNED 1-20-55		23D. SIGNATURE OF PHYSICIAN W. A. Hayes	
24A. BURIAL, CREMATION, REINTERMENT, OR OTHER DISPOSITION Burial		24B. DATE 1/24/55	
24C. NAME OF CEMETERY OR CREMATOR Willamette National Cem.		24D. LOCATION (City, town, or village) (State) Portland, Oregon	
25. LOCAL HEALTH OFFICER'S SIGNATURE W. A. Hayes		25. FEDERAL DIRECTOR'S SIGNATURE A. J. Rose & Son, Portland, Oregon	

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