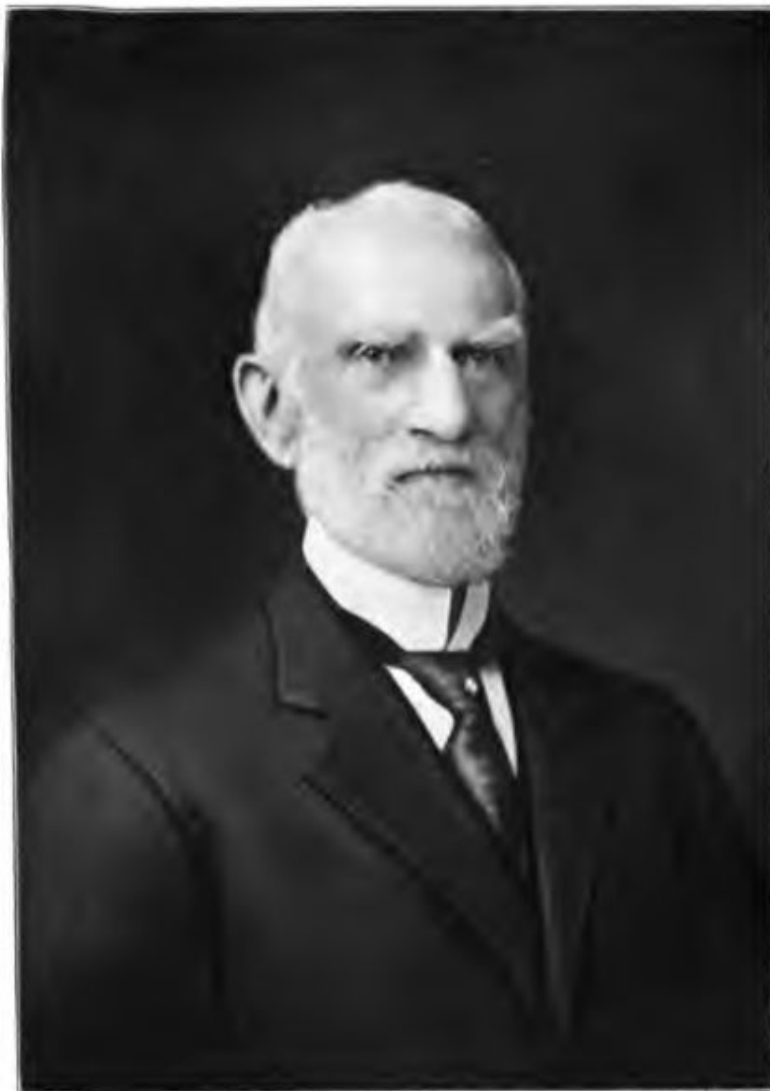


The author of this article lives and works on unceded territory of the Multnomah, Kathlamet, Clackamas, bands of Chinook, Tualatin Kalapuya, Molalla and many other Tribes who made their homes along the Columbia River.

Persons: William Kanan Smith

Jan de Leeuw

Version 11-21-2018



W. K. SMITH

1 PLACE OF DEATH County <u>MULTNOMAH</u>		PORTLAND, OREGON BUREAU OF VITAL STATISTICS		Registered No. _____
Town of _____ or City of <u>PORTLAND</u>		STANDARD CERTIFICATE OF DEATH		
		[If death occurred in a Hospital or Institution, give its NAME instead of street number and fill out No. 18.]		
No. <u>351 THIRD</u>		Street _____		
2 FULL NAME <u>WILLIAM KANAN SMITH</u>				
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <u>MALE</u>	4 COLOR OR RACE <u>WHITE</u>	5 SINGLE <u>MARRIED</u> MARRIED WIDOWED OR DIVORCED (Write the Word)		
6 DATE OF BIRTH (Month) <u>AUG</u> (Day) <u>3</u> (Year) <u>1826</u>		16 DATE OF DEATH <u>JANUARY 15</u> 19 <u>14</u> (Month) (Day) (Year)		
7 AGE <u>87</u> years, <u>5</u> months, <u>12</u> days		IF LESS than 1 day, ____ hrs. or ____ min.		
8 OCCUPATION (a) Trade, profession or particular kind of work. <u>CAPITLIST</u> (b) General nature of industry, business or establishment in which employed (or employer).				
9 BIRTHPLACE (State or country) <u>UNIONTOWN PENN</u>				
PARENTS	10 NAME OF FATHER <u>PETER SMITH</u>			
	11 BIRTHPLACE OF FATHER State or country <u>NEW JERSEY</u>			
	12 MAIDEN NAME OF MOTHER <u>BARBARA SHOWALTER</u>			
	13 BIRTHPLACE OF MOTHER (State or country) <u>PENNSYLVANIA</u>			
18a LENGTH OF RESIDENCE At Place of Death <u>45</u> years _____ months In Oregon <u>60</u> years _____ months				
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>W. K. SMITH JR.</u> (Address) <u>202 VANSLINGTON ST</u>				
15 Filed <u>1/17</u> 19 <u>14</u> <u>MBM</u> Registrar or Deputy.				
MEDICAL CERTIFICATE OF DEATH				
17 I HEREBY CERTIFY, That I attended deceased from <u>Dec. 15</u> 19 <u>13</u> , to <u>Jan 15</u> 19 <u>14</u> , that I last saw him alive on <u>Jan 14</u> 19 <u>14</u> , and that death occurred, on the date stated above, at <u>9 A. M.</u> The CAUSE OF DEATH was as follows: <u>Arterio Sclerosis.</u> <u>(Progressive) - effect</u> <u>in the left heart</u> <u>caused by heart kidneys.</u> (Duration) <u>3 yrs 4 mos</u> dys. Contributory Secondary (Duration) _____ yrs _____ mos. _____ dys. (Signed) <u>[Signature]</u> Address _____ 19 <u>14</u>				
[State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES 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 _____ How long at Place of Death? _____ Dys. Where was disease contracted, if not at Place of death? _____				
19 PLACE OF BURIAL OR REMOVAL <u>RIVER VIEW CEMETERY</u>				DATE OF BURIAL <u>JAN 17</u> 19 <u>14</u>
20 UNDERTAKER <u>[Signature]</u>				ADDRESS _____
THE EDW. HOLMAN UND. CO. X 30 THIRD ST. PORTLAND.				