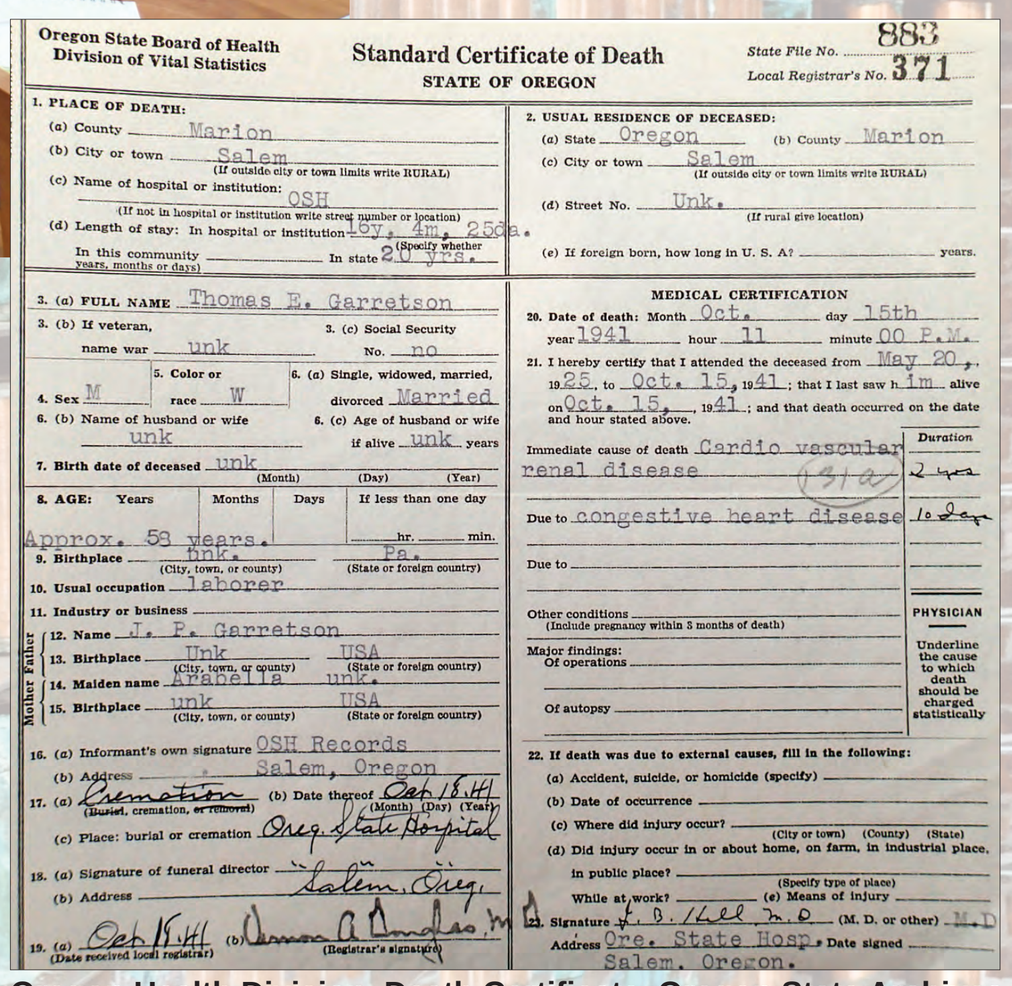
I found it in the Archives.

Oregon State Hospital cremains research

Becky Perigo and Phyllis Zegers meeting with TV crew from Johnstown, Pennsylvania



Oregon State Board of Health
Division of Vital Statistics

Standard Certificate of Death
STATE OF OREGON

State File No. 883
Local Registrar's No. 371

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Salem (If outside city or town limits write RURAL)
(c) Name of hospital or institution: OSH (If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution 16y. 4m. 25da. (Specify whether years, months or days)
In this community ____ In state 20 yrs.

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. Unk. (If rural give location)
(e) If foreign born, how long in U. S. A? ____ years.

3. (a) FULL NAME Thomas E. Garretson
3. (b) If veteran, name war unk
3. (c) Social Security No. no
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife unk
6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased unk (Month) (Day) (Year)
8. AGE: Years Approx. 58 years. Months Days If less than one day ____ hr. ____ min.
9. Birthplace unk. (City, town, or county) Pa. (State or foreign country)
10. Usual occupation laborer
11. Industry or business
Mother Father
12. Name J. P. Garretson
13. Birthplace Unk (City, town, or county) USA (State or foreign country)
14. Maiden name Arabella unk.
15. Birthplace unk (City, town, or county) USA (State or foreign country)
16. (a) Informant's own signature OSH Records
(b) Address Salem, Oregon
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Oct 18 41 (Month) (Day) (Year)
(c) Place: burial or cremation Oreg. State Hospital
18. (a) Signature of funeral director "
(b) Address Salem, Oreg.
19. (a) Oct 18 41 (Date received local registrar) (b) Vernon A. Douglas, M.D. (Registrar's signature)

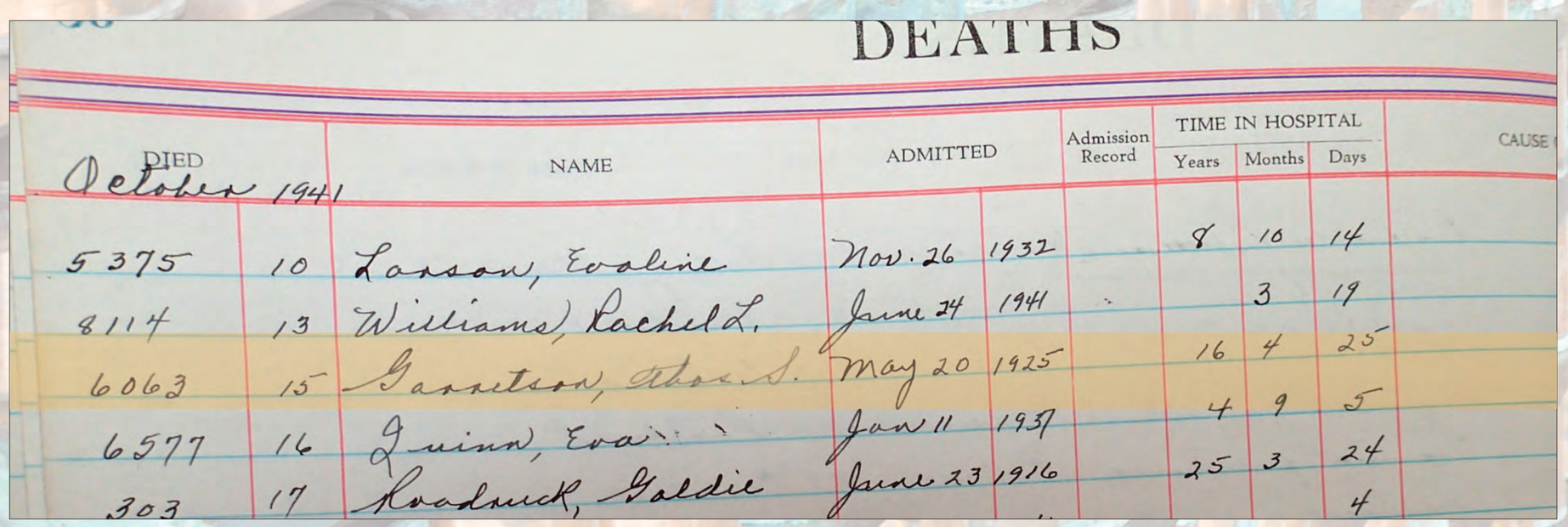
MEDICAL CERTIFICATION
20. Date of death: Month Oct. day 15th year 1941 hour 11 minute 00 P.M.
21. I hereby certify that I attended the deceased from May 20, 1925, to Oct. 15, 1941; that I last saw him alive on Oct. 15, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardio vascular renal disease (31a)	2 yrs
Due to congestive heart disease	10 days
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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature L. B. Hill M.D. (M. D. or other) M.D.
Address Ore. State Hosp. Salem, Oregon. Date signed

Oregon Health Division, Death Certificate, Oregon State Archives



DEATHS

October 1941

DIED		NAME	ADMITTED		Admission Record	TIME IN HOSPITAL Years	Months	Days	CAUSE
5375	10	Larson, Evaline	Nov. 26	1932		8	10	14	
8114	13	Williams, Rachel L.	June 24	1941			3	19	
6063	15	Garretson, Thos. E.	May 20	1925		16	4	25	
6577	16	Quinn, Eva	Jan 11	1937		4	9	5	
303	17	Roadruck, Goldie	June 23	1916		25	3	24	
								4	

Oregon State Hospital, Death Book, Oregon State Archives

Background photograph of Oregon State Hospital Memorial by Tim Backer