I found it in the Archives.

1918-19 influenza pandemic

Influenza Ordinance Tillamook City

The said deceased at the time of his demise was also, with his wife, Mary E. Stannard, the owner of an undivided One Half interest in and to the following described real property which they held as husband and wife as an estate of entirety:

Lots 4-5-12-13 of Sec.18 Tp.40 S.R.12 W.W.M. containing 149.10 acres of land, upon which there is a morgage held by the Federal Land Bank, Spokane Washington, bearing interest at the rate of 5% per annum and upon which payments fall due of $33.00 each fall due on the 1st of Sept and March of each year. The amount of said morgage being $1100.00.

Also:
Commencing at a point 716 feet east and 160 feet south of the NW Cor of the SE¼ of the SE¼ of Sec.36 Tp.36 S of R.15 W.W.M. and running thence S.90 feet; thence W. 50 feet; thence S. 130 feet; thence East 100 feet; thence S.90 feet; thence east 332 feet; thence N.70 feet; thence West 160 feet; thence N. 240 feet; thence West 109 feet to place of beginning, a deed to which is recorded at page 116 of Vol.15 of deeds of Curry County, less land since transferred to Geo.B.Miller (50 x 180 ft.) Oscar Miller 100 x 90 feet, R.J.Canfield, 50 x 90 feet, Mrs.Sunnah Root 50 x 90 ft, W.J.Ward 240 ft x 93 feet and the public 70 x 40 feet all of which said deeds are recorded in Curry County Deed records.

Also
Commencing 500 feet South of the NE Corner of the SE¼ of the SE¼ of Sec.36 Tp 36 S of R 15 W.W.M.; thence S.100 ft; thence W 200 feet; thence N.100 feet; thence East 200 feet to place of beginning, the deed to which is recorded at page 228 of Vol 15, deed records of Curry County, Oregon.

All of the real property herein described is situated in Curry County Oregon, and that belonging to the Estate has no rental value.

That the said deceased left as his heirs at law, his wife, Mary E.Stannard, since deceased, and four sons, namely, John Clarence, aged 7 years, Ralph Kenneth, aged 5 years, George Marion, aged 2 years and lawrence Wilson, aged 6 months.

That due search and inquiry have been made to ascertain if deceased left a last will and testament but none has been found.

That your petitioner is an Aunt of the said deceased, and is entitled to, and the said deceased made a deathbed request that she be, appointed administratrix of his estate.

J. C. JOHNSON
ATTORNEY
GOLD BEACH, OREGON

Curry County Probate Court Case File for J. R. Stannard, Oregon State Archives

REPRESENTATIVE OF COOS AND CURRY IS PNEUMONIA VICTIM

SALEM, Or., Jan. 17.—John R. Stannard of Gold Hill, elected a member of the Oregon house of representatives from Coos and Curry counties, is dead of pneumonia at Bandon, according to a letter received by Speaker Seymour Jones today. Mr. Stannard died Wednesday and because telegraph and telephone wires were down, it was necessary to send the information by letter. Mr. Stannard's family is ill at Gold Beach and has not been notified of his death. He was slated for membership on the roads and highways commission, but because of his inability to reach Salem on account of illness when the legislature opened, he informed the speaker that he would be willing to allow another member to be substituted on the committee.

Mr. Stannard was for many years a newspaper publisher at Gold Beach, and for the last four years served as county clerk of Curry county. He was elected to the legislature last November.

Oregon City Enterprise,
January 24, 1919

OREGON STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

1 PLACE OF DEATH County: Coos. State: Oregon. State Registered No. 16. Local Registered No. 3.
Township ____ or Village ____ or
City: Bandon. No.: Bandon Hospital. St.: ____ Ward
(If death occurred in a hospital or institution, give its name instead of street and number)
2 FULL NAME: John R. Stannard
(a) Residence. No.: Gold Beach. Usual place of abode: Gross Curry County.
Length of residence in city or town where death occurred: yrs. 7 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male. 4 COLOR OR RACE: White. 5 Single, Married, Widowed, or divorced (write the word): Married.
5a If married, widowed, or divorced HUSBAND of (or) WIFE of
6 DATE OF BIRTH (month, day, and year): 1890
7 AGE: Years 28; Months; Days; If less than 1 day, hrs. or min.
8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Attorney
(b) General nature of industry, business, or establishment in which employed (or employer): Self
(c) Name of employer:
9 BIRTHPLACE (city or town) (State or country): New York
PARENTS
10 NAME OF FATHER: Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country): " "
12 MAIDEN NAME OF MOTHER
13 BIRTHPLACE OF MOTHER (city or town) (State or country): " "
14 Informant: Mrs. J. R. Stannard (Address): Bandon
15 Filed: Jan 17, 1919. R. Reed. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 15 1919
17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1919, to Jan 15, 1919, that I last saw h[illegible] alive on Jan 15, 1919, and that death occurred on the date stated above, at 2:30 P. m.
The CAUSE OF DEATH * was as follows: Pneumonia
(duration) ... yrs., ... mos., 5 days.
CONTRIBUTORY (Secondary)
(duration) ... yrs., ... mos., ... days.
18 Where was disease contracted if not at place of death? Gold Beach Ore.
Did an operation precede death? no. Date of
Was there an autopsy? yes.
What test confirmed diagnosis?
(Signed) H. C. Houston, M. D.
. 1919 (Address) Bandon Oregon
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)
19 PLACE OF BURIAL, CREMATION OR REMOVAL: Gold Beach Ore. DATE OF BURIAL: Jan 19 1919
20 UNDERTAKER: A. E. Edingar. ADDRESS: Bandon

Oregon Health Division, Death Certificates, Oregon State Archives

OREGON STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH
State Index No. 7
Local Registered No. 6

1 PLACE OF DEATH
County of Curry
Township ____ or Village Gold Beach or City ____ (No. ____, ____ St.; ____ Ward)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]
2 FULL NAME Mary E. Stannard

PERSONAL AND STATISTICAL PARTICULARS

3 Sex: Female. 4 Color or Race: White. 5 Single, Married, Widowed or Divorced (Write the word): married
6 Date of Birth: July 30 (Month) (Day) 1889 (Year)
7 Age: 29 yrs. 6 mos. 22 ds. If less than 1 day, hrs. or min.?
8 Occupation
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business or establishment in which employed (or employer):
9 Birthplace (State or country): Coal Lum Co
PARENTS
10 Name of Father: T. M. Anderson
11 Birthplace of Father (State or country): Scotland
12 Maiden Name of Mother
13 Birthplace of Mother (State or country)
14 The above is true to the best of my knowledge
(Informant)
(Address)
15 Filed ... 191... F. J. Schlemann Registrar

MEDICAL CERTIFICATE OF DEATH

16 Date of Death: Jan 24 (Month) (Day), 1919 (Year)
17 I HEREBY CERTIFY, that I attended the deceased from Jan 7, 1919, to Jan 20 1919, that I last saw h[illegible] alive on Jan 20, 1919, and that death occurred, on the date stated above, at 3 a. m. The CAUSE OF DEATH* was as follows:
Influenza-
(Duration) ... yrs. ... mos. ... ds.
Contributory (Secondary) Bronchitis and Pleuro Pneumonia
(Duration) ... yrs. ... mos. 6 ds.
(Signed) F. J. Schlemann, M. D.
July 13, 1919 (Address) Gold Beach
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state [1] MEANS OF INJURY; and [2] whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence
19 Place of Burial or Removal: Gold Beach. Date of Burial: 2-2-3 ... 191...
20 Undertaker. Address

Background poster on influenza from Attorney General's Correspondence, Oregon State Archives