

Description of U.S. Indian School land at Salem Indian School, Chemawa, Oregon, lying West of S.P.R.R. track and extending West to Oregon Electric track and bounded on the North by County Road and on the south by County Road, which is south of school cemetery:

Lands bounded and described as by beginning at a point 7.82 chains West of the center of Sec. 36 T 6 S.R. 3 W of W.M., running thence South 50.06 chains along the East line of the land of S. O. Pugh to the North line of the Janet Pugh Donation Claim; thence East along the said North line of the Janet Pugh Donation Claim 27.22 chains more or less to the center of the track of the O. and C.R.R. Thence in a North Easterly direction along the center of said O. and C.R.R. track to the North Boundary line of the S.R. 1/4 of Sec. 36 T. 6 S. R. 3 W of W. M.; thence West along the North line of the S $\frac{1}{2}$  of said Sec. 36 to the place of beginning containing 177.32 acres more or less.

Vol. 33

Page; 184

Marion County Records

PURCHASED: April 21, 1885

I.O. Misc. Deed Book 6

Page 506

CEL:dj

177.32

Description of U.S. Indian School land at Salem Indian School, Chemawa, Oregon, lying East of And running parallel to the S.P.R.R., running from south limits of school property and running north Market road north of school hospital:

Land in Sec. 31 of T. 6 S. R. 2 W., and Sec. 36 of T. 6 S.R. 3 W., M.M., bounded and described in the center of the O. and C.R.R. track on the North boundary of said land in Sec. 36 T 6 S.R. 3 W of W.M., at a corner where is driven iron bar, 18 inches long by  $5/8 \times 1\frac{1}{2}$  inches from which a fir 16 inches in diameter bears S  $70\frac{1}{4}$  degrees W 165 links distant, thence E 3.91 chains to the quarter section corner on the range line between Sec. 31 of T. 6 S.R. 2 W, and Sec. 36 of T 6 S.R. 3 W; Thence East 6.54 chains to the N E corner of what is known as the Moores land; where is set a post from which is a fir 15 inches in diameter bears S  $82^{\circ}$  E 40 links distant and a fir 28 inches in diameter bears N  $82^{\circ}$  W 65 links distant; thence South 8.80 chains to the NW corner S.W. corner of the W.B. Stephen Donation Claim; Thence S. 41.04 chains to the S.W. corner of the W. B. Stephen Donation Claim; thence south to the SE corner of what is known as the Moores land and on the line of the Janet Pugh Donation Claim where is set a post from which a fir 15 inches in diameter bears  $26^{\circ}$  E 109 links distant and a fir 6 inches in diameter bears N  $77\frac{3}{4}$  degrees E 48 links distant; thence W on the S boundary of said land 27.80 chains to the center of the O and C.R.R. track where is driven an iron bar 18 inches long by  $5/8 \times 1\frac{1}{2}$  inches, at a corner on said track, from which a fir 26 inches in diameter bears N  $85\frac{1}{2}$  degrees E 102 links distant and a fir 20 inches in diameter bears N  $75$  degrees 30 minutes W 80 links distant; thence N  $18\frac{1}{2}$  E along the R.R. track 52.82 chains to the place of beginning.

Vol. 35

Page 238

Marion County Records

PURCHASED April 29, 1887

I.O.Mise. Record Book

No. 2 - Page 188

Authority March 2, 1887

(25 Stat. 465)

CHL:aj

84.42



Description of U. S. Indian School land at Salem Indian School, Chemawa, Oregon, adjoining the Pacific Highway at what is known as the Silverton Chemawa, Portland Salem four corners highway.

Beginning at the South-west corner of the D.L.C. of Stanford B. Stephens and wife in T. 6 S.R. 27. of Willamette Meridian. Thence East 2 chains to the center of the County road leading from Salem to Brooks, thence along said road as follows: North 180 degrees 30 minutes east eight and seventy-one hundredths (8.71) chains, north 7 degrees, west 16.84 chains to the center of the Lake Labish Drainage Ditch, thence south 83 degrees, 30 minutes, West 4.11 chains, thence South 24.43 chains to the North line of the D.L.C. of Ma. B. Stephens thence North 89 degrees 45 minutes. East 1.31 chains to the point of beginning. Containing 12.25 acres.

Vol. 77 Page 134

Marion County Records

PURCHASED:

August 23, 1900

CHL:dlj

12-25

Description of U.S. Indian School Land lying EAST of  
Hospital, Auditorium and Printing office and adjoining Lake  
LeBish;

A part of the Donation Land Claim of W. B. Stephens  
and wife, Certificate No. 2063, Notification No. 236 in  
T. 6 and 7 S., Range 2 W., W.M., in Marion County, Oregon,  
State of Oregon:

Commencing at the S. W. corner of said donation land claim  
and running thence easterly along the S line of said claim  
28.29 chains to the S. W. corner of a tract heretofore deeded  
by the said W. B. Stephens to August Manta; thence northerly  
along the W. line of the Manta tract and the same extended  
41.12 chains to the North boundary line of said D.L.C. of  
W. B. Stephens and wife; thence westerly along said N. boundary  
line 28.29 chains to the N. W. corner of said D.L.C.; thence  
southerly along the W. boundary of said D.L.C. 41.04 chains  
to the place of beginning, containing 118.74 acres of land,  
more or less. Save and except the following described land,  
to wit:

Beginning at a point 14.35 chains E of the N. W. corner  
of the W. B. Stephens D.L.C and running thence E 9.50  
chains; thence S 10.53 chains, thence W 4.75 chains;  
thence S 10.53 chains; thence W 4.75 chains, thence  
N 21.06 chains to the place of beginning and contain-  
ing 15 acres, thus leaving of the original tract 101.74 acres.  
Also an easement or right of way deeded to the Lake  
LeBish Drainage District by R. P. Boise and wife, said  
land being described as follows:

A strip of land 15 links wide on E side of a center  
line of the following described ditch:

Commencing at a point 5.68 chains E and 9.00 chains  
S of the S. W. corner of land owned by John Knight  
Sec. 31 T. 6 S. R. 3 W., W.M., Marion County, Oregon,  
running thence S 17 s/4 W. 1 chain, thence N. 74  
degrees W. 3.00 chains, thence N. 70 degrees 4.75 chains to  
a point 5.90 chains N of the S. W. corner of land owned  
by R. P. Boise, Sr.

VOL. 110

Page 531

Marion County Records

Purchased May 26, 1910.

10174



N. B.—Every item of information should be carefully supplied. In case of more than one child at a birth, SEPARATE RETURN must be made for each and the number of each in order of birth stated. This certificate must be FILED WITHIN TEN DAYS with the nearest United States Commissioner of the precinct in which the birth occurred, as required by law. The fees for filing and recording this certificate are paid by the Territory.

## 1. PLACE OF BIRTH

Registrar's No. 15588

Village or Town Juneau, Alaska  
(If in remote section, give distance and direction from town)  
Name of hospital or institution: None  
(If not in hospital or institution give street number or location)

## STANDARD CERTIFICATE OF BIRTH

Territory of Alaska

Mother's stay before delivery: --  
In hospital or institution -- In this community --  
(Specify whether years, months, or days)

2. FULL NAME OF CHILD SILAS ROY MOON

(If child is not yet named, make supplemental report as directed.)

3 Sex of Child <u>Male</u>	4 Twin or triplet or other <u>Single</u> If so—born 1st, 2d, or 3rd <u>1st</u>	Number months of pregnancy <u>9</u>	5 Legitimate? <u>Yes</u>	6 Date of birth <u>Sept. 14</u> <u>1983</u> (Month) (Day) (Year)
-------------------------------	---	-------------------------------------	--------------------------	---

7 Full Name <u>Silas Roy Moon</u>		13 Full Maiden Name <u>Susie Charley</u>	
8 Residence <u>Juneau, Alaska</u>		14 Residence <u>Juneau, Alaska</u>	
9 Color or Race <u>Alaskan Native</u>	Age at last Birthday <u>unknown</u> (years)	15 Color or Race <u>Alaskan-Native</u>	Age at last Birthday <u>?</u> (years)
10 Birthplace <u>Alaska</u>		16 Birthplace <u>Juneau, Alaska</u>	
11 Occupation <u>Fishing</u>		17 Occupation <u>Housekeeper</u>	
12 Children born to this mother: <u>--</u> How many other children of this mother are now living? <u>2 daughters - do not know if living</u> <u>Dead</u>		18 How many other children were born alive but are now dead? <u>unknown</u> <u>Oldest child.</u> How many children were born dead? <u>unknown</u>	

## 19 CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child who was born alive at the hour of 4 P. m. on the date above stated and that the information given was furnished by Anna Wallace, related to this child as Aunt  
DOCTOR, MIDWIFE OR OTHER PERSON PRESENT AT BIRTH MUST SIGN HERE her  
ANNA (X) WALLACE  
mark Juneau, Alaska  
M. D., midwife, or other other Date signed 11/7/41 Address Juneau, Alaska

Date on which given name added 9/17/83 By James L. Hopgood, Juneau, Aaa.  
Witness to her mark Luella M. King, Juneau, Aaa.  
20 Original Certificate of Birth recorded Dec. 4, 1941 In Book No. 1-B at Page 181  
(date)

Registered No. Juneau Precinct, Juneau Division No. One  
(Town)  
(Commissioner's seal) FELIX GRAY  
U. S. Commissioner.

Filed in Office of Registrar of Vital Statistics  
Juneau, Alaska.

JAN 12 1942

FRANK A BOYLE

Registrar of Vital Statistics

By Neil Moore

Clerk

I hereby certify that the foregoing is a true copy of the original Certificate of Birth filed with the Registrar of Vital Statistics for the Territory of Alaska.

Juneau, Alaska.

Date Feb. 21, 1942

By

LN

Clerk



WHEN THE CERTIFICATE OF BIRTH IS FILED MORE THAN SIX MONTHS AFTER THE BIRTH, THE DOCTOR, MIDWIFE OR OTHER PERSON SIGNING THIS CERTIFICATE MUST EXECUTE THE FOLLOWING AFFIDAVIT:

UNITED STATES OF AMERICA }  
TERRITORY OF ALASKA } ss.

Anna Wallace of Juneau, Alaska,

after being first duly sworn, deposes and states:

That she was present at the time of the birth of Silas Roy Moon

which occurred at Juneau, Alaska, on

September 14, 1883, and personally knows the circumstances surrounding the same; that no certificate of birth was filed within six months from the date of this birth; that the purpose of this affidavit is to secure an official record of the said birth and that the state-

ments contained in the certificate are true and correct. (State Relation to Child) Aunt

witness to her mark;

James L. Hobgood, Juneau, Aaa.

Luella M. King, Juneau, Aaa.

ANNA her WALLACE  
(X) mark

Subscribed and sworn to before me this Seventh day of

November, 1941.

JAMES L. HOBGOOD

Notary Public for Alaska.

(Notarial seal)

My commission expires Sept. 9, 1944

UNITED STATES OF AMERICA }  
TERRITORY OF ALASKA } ss.

Jimmy Fox of Juneau, Alaska,

and Jimmie Jack of Juneau, Alaska,

after being first duly sworn, depose and state:

That they have read the certificate of birth of Silas Roy Moon

and were present in the community at the time of the birth and know the circumstances thereof and know that the statements contained on said certificate are true and correct.

JAMES FOX

JIMMIE JACK

Subscribed and sworn to before me this 8th day of November, 1941.

(Notarial seal)

JAMES L. HOBGOOD

Notary Public for Alaska.

My commission expires Sept. 9, 1944

IF ADDITIONAL SPACE IS NEEDED FOR AFFIDAVITS, ATTACH SAME TO THIS FORM.



333 N. W. 6th Avenue  
Portland, Oregon  
June 24, 1941

Mr. Johnny Harris  
Juneau, Alaska

Dear Johnny:

In a good many cases it is necessary to have proof of citizenship before work can be obtained in this locality and I am trying to get a copy of my birth certificate or an affidavit showing that I was born in Juneau.

I wrote to the Juneau Indian Office today and requested that they send me a statement certifying to my enrollment with the Indian Service, if such a record is on file. I wonder if you would contact the Indian Office and see if they have any such record of me. They might overlook my request or neglect to take care of this matter, and I thought that if you would look into it for me I might get better action from them.

Also, will you call at the Court House and see if there is a record on file there of my adoption by Missionary Charles Reprogale? The adoption record would probably give my birth place and birth date. If a copy of the adoption record can be obtained or an affidavit based on that record, it might serve to prove my citizenship.

Anything you can do to help me in this matter will be appreciated very much.

Yours very truly,

Silas Moon

434 Federal Courthouse Building  
Portland, Oregon  
June 24, 1941

Mr. Claude M. Hirst, General Superintendent  
Office of Indian Affairs,  
Juneau, Alaska

Dear Mr. Hirst:

We have had a request today from Mr. Silas Moon, an Alaskan Indian, for a copy of his birth certificate or a record of his enrollment which might serve to prove his citizenship.

Mr. Moon is 1/2 degree Thlinget Indian and was born in Juneau on or about September 14, 1884. His mother's maiden name was Susie Charley. When Mr. Moon was about ten years old he was adopted by a missionary by the name of Charles Reprogale and he believes that a record of this adoption is on file in the County Court House. At the age of 12 years he came to the States and was enrolled at the Chemawa School.

If you can provide Mr. Moon with a statement certifying to his enrollment, degree of Indian blood, and place of birth, it will be appreciated very much. Any information which you may send to this office regarding Mr. Moon will be delivered to him.

Thank you for your assistance in this matter.

Yours truly,

R. Abelta,  
Asst. Guidance & Placement  
Officer



SILAS ROY MOON

Place of death: County- Clatsop  
Lower Nehalem District, rural  
Social Security No. 543-01-782  
Sex- Male Alaskan Indian Divorced  
Birth date- Sept. 18, 1883 Age 63 years 1 day.  
Birth place- Juneau, Alaska  
Usual occupation- Head loader  
Father or mother- no record  
Informant's own signature- Charles E. Larsen  
Burial- Sept. 25, 1946  
Place- Oceanview Cemetary- Astoria, Oregon  
Signature of funeral director- Ruth Ginn  
Address 531 Franklin Ave., Astoria, Oregon

MEDICAL CERTIFICATION

Date of death- Sept. 19, 1946 Time 9:30 A.M.  
Immediate cause of death: Crushed chest and abdomen  
Accident, suicide, or homicide (specify) Accident  
Date of occurrence Elsie, rural, Clatsop Co.  
Where did injury occur- ~~Logging camp~~ Sept. 19, 1946  
Did injury occur in or about home, on farm, in industrial place,  
in public place? Logging camp.  
While at work? Yes  
Means of injury- Run over by truck  
Signature- William R. Thompson, Coroner  
Address- Astoria, Oregon Date signed 9/20/46

Usual Residence of deceased:

State- Oregon County- Clatsop  
If foreign born, how long in U.S.A. 50 years



TERRITORY OF ALASKA

REFERENCE

ADDRESS ONLY:  
AUDITOR OF ALASKA  
JUNEAU, ALASKA

AUDITOR OF ALASKA  
INSURANCE COMMISSIONER FOR ALASKA  
REGISTRAR VITAL STATISTICS FOR ALASKA

CORPORATION NO. \_\_\_\_\_  
INSURANCE NO. \_\_\_\_\_  
VITAL STATISTICS \_\_\_\_\_

JUNEAU

February 21, 1942

Mr. Silas Moon,  
Warm Springs, Oregon

Re: Birth Certificate  
SILAS ROY MOON

Dear Sir:

Enclosed herewith please find a certified copy of your certificate of birth together with my official receipt for \$1.00.

When you wrote us on December 8, 1941 asking for this copy the certificate of your birth was not yet on file in this office. We did not receive this certificate from the United States Commissioner until the twelfth of January.

Very truly yours,

*Frank A. Boyle*

LN  
Encls-2

Frank A. Boyle,  
Registrar of Vital Statistics

cc to:  
Luella M. King,  
Acting Principal, Juneau-Douglas,  
Indian Service Schools



TERRITORY OF ALASKA     )  
                                      ) ss  
FIRST JUDICIAL DISTRICT)

I, Jimmy Jack, being duly sworn depose and say that I am an uncle of Silas Moen, he being the son of my oldest sister and that I knew him as a boy and that I know that he was and is a native borned American.

Signed; *Jimmy Jack*  
Jimmy Jack

Subscribed to and sworn to before me this the third Day of September 1941 at Juneau, Alaska

*James L. Holford*

NOTARY PUBLIC IN AND FOR ALASKA  
MY COMMISSION EXPIRES 9-13-44





TERRITORY OF ALASKA     )  
                                  ) ss  
FIRST JUDICIAL DISTRICT)

I, Jimmy Fox, being duly sworn on oath depose and say that I knew the parents of Silas Moon and that I know him to be a native borned American.

I do not remember the exact date of his birth but I believe that it was about 1884. I knew him until the time that he left here as a boy. I did not know anything about him ~~until he returned~~ after he left here until his return here about ~~1912~~ 1912, I remember him as being a good catcher on the baseball team at that time.

Signed: Jimmy Fox  
Jimmy Fox

Subscribed and sworn to before me this the third day of September 1941, at Juneau, Alaska

James L. Holgood  
NOTARY PUBLIC IN AND FOR ALASKA  
MY COMMISSION EXPIRES 9-13-44





TERRITORY OF ALASKA     )  
                                      )  
FIRST JUDICIAL DISTRICT) ss

I, Anna Wallace, being duly sworn depose and say that I am about sixty years of age and that I am a younger sister of Susie Charley, mother of Silas Moon.

I was present at the time of the birth of Silas Moon and I know that he was borned at Juneau, Alaska about 1885 ~~when~~ and that it was in the Fall. The Father was drowned before he, Silas Moon, was borned and my sister kept Silas until after the last Potlatch up the Taku and then she gave him up to be adopted by a white man. Rev. Jones persuaded her to give him up so he could attend school.

The Father and Mother of Silas Moon were both Native Alaskians and belonged to the Thlinget Tribe.

Her  
Signed; Anna (X) Wallace  
Mark

Witnesses to her mark  
and affidavit;

James L. Hobgood Juneau, Alaska

Mrs. Martha Barris Juneau, Alaska

Subscribed and sworn to before me this the third day of  
September 1941 at Juneau, Alaska

James L. Hobgood

NOTARY PUBLIC IN AND FOR ALASKA  
MY COMMISSION EXPIRES 7-13-44





# Logger Killed Under Wheels Of Truck

*Sept*

*19, 1946*

Silas Roy Moon, a native Alaskan Indian employed as head loader by the Davis Logging company near Elsie was killed Thursday morning at about 9:30 at the Nehalem valley camp when he was run over by a logging truck he was loading.

Moon, who was 63 and reportedly hard of hearing, apparently failed

to hear the heavy logging truck. The rear dual wheels of the vehicle passed over his body.

\* \* \*

Loggers of the small Elsie camp which does sub-contract falling for the Van Vleet logging company, rushed Moon to the Seaside hospital, thinking that he was still alive. A doctor at the hospital pronounced him dead.

A coroners official, who laid the cause of death to multiple internal injuries, said today that Moon died instantly or soon after the fatal accident.

\* \* \*

The driver of the truck was Roland Plead, a Van Vleet hauler. He was in the process of backing the truck.

Ginn's Funeral home, where the body was taken, and the Van Vleet logging company are attempting to locate relatives of the deceased. However it is believed that Moon had no family.



63239

M-226-B

# Last Will and Testament of

SILAS R. MOON

STATE OF OREGON, }  
County of Multnomah } ss.

I, Al L. Brown, County Clerk, and ex-officio Recorder of Conveyances, in and for said County, do hereby certify that the within instrument of writing was received for record and recorded in the record of

\_\_\_\_\_ of said County at

DEED

1946 SEP 26 AM 11 47

In Book

1103

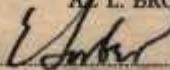
On Page

482

Witness my hand and seal of office affixed.

AL L. BROWN,

County Clerk.



Deputy.

Form Co. Clk.-25 Recording Certificate

Antuono Wm.

75



BOOK 1103 PAGE 482

# In the Name of God -- Amen

KNOW ALL MEN, That I SILAS R. MOON,  
\_\_\_\_\_ of Portland,  
\_\_\_\_\_ in the State of Oregon, of the age of sixty years, being of sound and disposing mind and memory, and not acting under duress, menace, fraud or undue influence of any person whomsoever, do make, publish and declare this my Last Will and Testament in manner and form following, to-wit:

FIRST, It is my will, and I do order, that all my just debts and funeral expenses be duly paid and satisfied as soon as conveniently can be done after my decease.

SECOND, I give, devise and bequeath unto Charles E. Larsen, and his daughter,  
Vivian Youngblood, of Chemawa, Oregon, all of my estate, both real  
and personal, wheresoever situated.

THIRD, I do hereby declare that I have never been married and  
have no lineal descendants.

Silas R Moon

B. G. Shepherd Witness

G. H. Busler - Witness



AND LASTLY, I nominate, constitute and appoint Charles E. Larsen,

to be the executor of this, my Last Will,

hereby revoking all other Wills, Legacies and Bequests by me heretofore made and declaring this, and no other, to be my Last Will and Testament.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this.....day of

May, 24 in the year of our Lord One Thousand Nine Hundred and  
Forty-three.

Silas R Moon (SEAL)

The above instrument was at the date thereof signed, sealed, published and declared, by the said

Silas R. Moon, as and for

his Last Will and Testament, in the presence of us, who, at his request and in his

presence, and in the presence of each other, have subscribed our names as witnesses thereto.

Residing at

B. G. Shepherd  
671 - 22 ave N W

Residing at

L. A. Busler  
230 N. W. 6 ave



R E C E I P T

Received from the Canadian Bank of Commerce, Portland,  
Oregon, contents of Safe Deposit Box No. 3218, amounting  
to One Hundred & No/100 Dollars, rented to Silas R. MOON,  
deceased.

\_\_\_\_\_  
Charles E. Larsen

\_\_\_\_\_  
Vivian Youngblood

February 6, 1947

STATE OF OREGON,        }  
County of Marion,        } ss

We, CHARLES E. LARSEN and VIVIAN YOUNGBLOOD, each being first duly sworn, depose and say: That we are all and the only heirs at law of SILAS R. MOON, deceased, and that we hereby guarantee to save harmless the Canadian Bank of Commerce, at Portland, Oregon, by virtue of any future claims of heirs or creditors, that may arise against said Bank, or the estate of said decedent, as a result of said Bank surrendering to us, the undersigned, the contents of Safe Deposit Box No. 3218 held in said Bank in the name of the said SILAS R. MOON, now deceased.

\_\_\_\_\_  
\_\_\_\_\_  
Subscribed and sworn to before me this 6th day of February, 1947.

\_\_\_\_\_  
Notary Public for Oregon.  
My Commission expires: Oct. 13, 1950.



STATE OF WASHINGTON }

ss.

COUNTY OF KING }

We, Charles E. Larsen and Vivian Youngblood, each being first duly sworn, depose and say: That we are all and the only heirs at law of Silas Roy Moon, deceased, by virtue of his Last Will and Testament, and that in pursuance of said Last Will and Testament we have buried the said Silas Roy Moon, and in performance of this duty, and incidents thereto, we have paid from personal funds, the following accounts and amounts, in addition to the funeral expenses as listed in the account of Ginn's Funeral Home:

Sept. 23, 1946	Trip by auto from Auburn, Washington,	
24	to Portland and Astoria, Ore., and return	
	To Auburn, Washington. 466 miles.....	10.34
Sept. 23	Meals and hotel .....	16.20
24		
Sept. 25	Paid for pressing of suit-(Suit left at	
	Broadway Dyers & Cleaners, 1724 NE Union	
	Avenue, on Sept. 7, 1946 and delivered to	
	Belmont Hotel).....	1.31
Sept. 25	Telephone calls.	1.50
Sept. 26	Recording Last Will & Testament with	
	Multnomah County Clerk, Portland, Ore....	.75
Sept.	Telephone calls from Auburn, Washington	
	to Astoria, Portland, Cannon Beach,	5.50
March	State (Oregon) Income Tax, 1946	13.06
		<u>\$48.66</u>

subscribed and sworn to  
before me this \_\_\_\_\_ day of  
1948.

Charles E. Larsen

Vivian Youngblood



Auburn, Washington  
1509 H. St., SE  
November 21, 1946

State of Oregon,  
Inheritance,  
Postal Building,  
3rd & Washington Sts.,  
Portland, Oregon

Gentlemen:

There is enclosed, herewith, "Report to the State Treasurer of the State of Oregon, of Property Belonging to Estate of a Resident Decedent" COVERING the case of Silas Roy Meen, killed in a logging accident September 19, 1946.

The total value of decedent's estate is \$100 held in a safety deposit box in the Canadian Bank of Commerce, Portland, Oregon, and this is to request that such release or waivers from inheritance tax be issued and mailed to my address in self-addressed enclosed envelope.

Yours very truly,

Charles E. Larsen



# Report to the State Treasurer of the State of Oregon, of Property Belonging to Estate of a Resident Decedent

C O P Y

IN THE MATTER OF THE ESTATE OF

Silas Roy Moon

DECEASED

STATE OF Oregon

County of Multnomah

SS.

I, Charles E. Larsen, of the city of Auburn, county of King, and state of Washington, and Executor (Ex., Adm., or Relative) of the above-named Silas Roy Moon, being first duly sworn, on oath depose:

1. That the above-named decedent died testate on the 19th day of September A. D. 1946, a resident of, and domiciled in, the state of Oregon, at the age of years, and left surviving as decedent's devisees or heirs at law:

Name	Relationship to decedent	Age	Amount of distributive share
Charles E. Larsen	Friend	63	1/2
Vivian Youngblood	Friend	31	1/2

2. That the said decedent was a tenant or cotenant of a safe deposit box in Oregon located at The Canadian Bank of Commerce, Portland, Oregon

3. That the personal property owned by the decedent at death wheresoever situated consisted of the following:

Stocks and bonds, including those held in joint names of decedent and one or more persons	Par Value	Market Value
NONE		

Bank deposits and other personal property, including deposits, notes and other personal property not included in above schedule, held in the joint names of decedent and one or more persons	Par Value	Market Value
Safety Deposit Box No. 3218 CASH	\$100.00	\$100.00





4. That the full and true value of the following described real property in the state of Oregon owned by the decedent at date of death was the sum of \$.....

N O N E

5. That the following described real property in the state of Oregon and personal property wheresoever situated was transferred or conveyed (in trust or otherwise) by said decedent to the following persons prior to the death of decedent as a division or distribution of decedent's property or estate:

N O N E

6. That the following described real property in the state of Oregon and personal property wheresoever situated was transferred or conveyed by said decedent to the following persons, which transfer or conveyance was not recorded or did not become effective in possession or enjoyment until at or after the death of decedent:

N O N E

7. That there were in existence at the time of decedent's death the following trusts created by the decedent in his or her lifetime:

N O N E

8. That said decedent was possessed of no other property, or any interest therein, including any interest in partnership property located in another state, except the following:

N O N E

9. That the total value of said decedent's estate wheresoever situated is the sum of \$ 100.00

10. I further state that the facts herein stated are true as I verily believe, and that this affidavit is given for the purpose of enabling the state treasurer of Oregon to determine the amount of inheritance tax, if any, due upon said estate, and to issue such releases or waivers from inheritance tax as may be necessary.

*Charles E. Larsen*

Charles E. Larsen  
Executor

Silas Roy Moon

DECEASED

Subscribed and sworn to before me this 25 day of Oct. A. D. 1946.

*Mable E. Crouch*

Notary Public for state of

Wash.

My commission expires

(Give full description of all property. Attach rider if insufficient space.)





# Portland Remedial Loan Association

PHONE BROADWAY 0910

394 STARK STREET, PORTLAND, OREGON

Nov. 9, 1925.

To Whom It May Concern.

I have known Silas Moon, an Indian young man, for over 25 years when he first came to Chemawa Indian School as a little boy, and have been in touch with him since leaving Chemawa, seeing him many times every year, and having been in close touch with him.

He is strictly honest, upright and industrious, and in all these years has never deviated from doing what is right. He can be placed in any position of trust.

*W. P. Campbell*  
*237 North 1st St.*

*Social Security Form*  
*application For Survivors - Survivors*  
*Death Payment*

9. The deceased wage earner performed services in employment (as defined by the Social Security Act, as amended) for the following employers during the 1-year period immediately preceding his death:

NAME OF EMPLOYER	ADDRESS OF EMPLOYER	: Work Began : work Ended			
		Month	Year	Month	Year
Murphy Timber Co. ?		?	1945	Oct.	1945
Cape Creek Logging Co.	Waldport, Oregon	?	1945	Nov.	1945
Western Logging Co.,	? ?	?	1945	Dec.	1945
Crown Zellerbach Corp.,	Cathlamet, Washington	Jan	1946	Jan.	1946
Barr-Nelson & Co.	Portland 4, Oregon 139 SW First Ave.,	Jan.	1946	Feb.	1946
Elk Creek Logging Co.,	Estacada, Oregon Box 33	March	1946	April	1946
V. & M. Operating Co.,	Nehalem, Oregon	Apr.	1946	May	1946
Deep River Timber Co.,	Deep River, Wash.	June	1946	June	1946
Davis Logging Co.,	Cannon Beach, Oregon	June	1946	Sept.	1946

861  
31 90  
13 90  
13 00  
98 50  
165.90

282.17  
165.90  
116.27



**FORM 1040**  
Treasury Department  
Internal Revenue Service

**U. S. INDIVIDUAL INCOME TAX RETURN**  
**FOR CALENDAR YEAR 1946**

**1946**

or fiscal year beginning \_\_\_\_\_, 1946, and ending \_\_\_\_\_, 1947

**EMPLOYEES.**—Instead of this form, you may use your Withholding Statement, Form W-2, as your return, if your total income was less than \$5,000, consisting wholly of wages shown on Withholding Statements or of such wages and not more than \$100 of other wages, dividends, and interest.

Do not write in these spaces

File Code  
Serial No.

District  
(Cashier's Stamp)

(C O P Y)

Name SILAS ROY MOON, Deceased  
(PLEASE PRINT. If this return is for a husband and wife, use both first names)

ADDRESS Was 230- N.W. 6th Ave.,  
(PLEASE PRINT. Street and number or rural route)

Portland Multnomah Oregon  
(City or town, postal zone number) (County) (State)

Occupation Was a Logger Social Security No. 543-01-7824

(C O P Y)

**Your Exemptions**

List your own name.  
If married and your wife (or husband) had no income, or if this is a joint return of husband and wife, list name of your wife (or husband).

List names of other close relatives (as defined in Instruction 1) with 1946 incomes of less than \$500 who received more than one-half of their support from you. If this is a joint return of husband and wife, list dependent relatives of both.

1.	Name (please print)	Relationship	Name (please print)	Relationship
	Your name	XXXXXXX		

**Your Income**

Enter your total wages, salaries, bonuses, commissions, and other compensation received in 1946, BEFORE PAY-ROLL DEDUCTIONS for taxes, dues,

insurance, bonds, etc. Members of armed forces and persons claiming traveling or reimbursed expenses, see Instruction 2.

2.	Print Employer's Name	Where Employed (City and State)	Amount
	(See attached list)		\$ 1283 97

Enter total here → \$ 1283 97

3. Enter here the total amount of your dividends.....
4. Enter here the total amount of your interest (including interest from Government obligations unless wholly exempt from taxation).....
5. If you received any other income, give details on page 2 and enter the total here.....
6. Add amounts in items 2, 3, 4, and 5, and enter the total here..... \$ 1283 97

**How to Figure Your Tax**

**IF YOUR INCOME WAS LESS THAN \$5,000.**—You may find your tax in the tax table on page 4. This table, which is provided by law, automatically allows about 10 percent of your total income for charitable contributions, interest, taxes, casualty losses, medical expenses, and miscellaneous expenses. If your expenditures and losses of these classes amount to more than 10 percent, it will usually be to your advantage to itemize them and compute your tax on page 3.

**IF YOUR INCOME WAS \$5,000 OR MORE.**—Disregard the tax table and compute your tax on page 3. You may either take a standard deduction of \$500 or itemize your deductions, whichever is to your advantage.

**HUSBAND AND WIFE.**—If husband and wife file separate returns, and one itemizes deductions, the other must also itemize deductions.

**Tax Due or Refund**

7. Enter your tax from table on page 4, or from line 12, page 3..... \$ 125 00
8. How much have you paid on your 1946 income tax?  
(A) By withholding from your wages..... \$ 165 90  
(B) By payments on 1946 Declaration of Estimated Tax..... -- --  
Enter total here → \$ 165 90
9. If your tax (item 7) is larger than payments (item 8), enter BALANCE OF TAX DUE here..... \$ -- --
10. If your payments (item 8) are larger than your tax (item 7), enter the OVERPAYMENT here..... \$ 40 90

Check (✓) whether you want this overpayment: Refunded to you ☐; or Credited on your 1947 estimated tax ☐

If you filed a return for a prior year, what was the latest year? 1945  
To which Collector's office was it sent? Portland, Oregon  
To which Collector's office did you pay amount claimed in item 8 (B), above? --

Is your wife (or husband) making a separate return for 1946? No  
(If "Yes," write below:  
Name of wife (or husband) \_\_\_\_\_  
Collector's office to which sent \_\_\_\_\_

I declare under the penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

Mar. 12, 1947

(Signature of person other than taxpayer or agent preparing return)

Charles E. Larsen  
**Executor**

(Date)

(Signature of taxpayer)

(Date)

(Name of firm or employer, if any)

(If this is a joint return of husband and wife, it must be signed by both)

over



Schedule B - INCOME FROM EMPLOYMENT FOR DECEASED

**SILAS ROY MOON**

1946

2. Print Employer's Name	Where Employed City and State	Amount
Crown Zellerbach, Corp.	Cathlamet, Washington	\$ 24.72
Barr-Nelson & Co.,	Portland 4, Oregon 139 S.W. First Ave	82.58
Elk Creek Logging Co.,	Estacada, Oregon Box 33	253.35
V. & M. Operating Co.,	Nehalem, Oregon	90.00
John E. Brandis, Logger	Corvallis, Oregon 545 E. 34th St.	36.81
Deep River Timber Co.,	Deep River, Washington	76.76
Davis Logging Co.,	Cannon Beach, Ore	719.75

**NOTE:**

Silas Roy Moon was killed in logging accident on September 19, 1946. His Last Will and Testament recorded in Multnomah County Clerk's office, Sept. 26, 1946. His heirs named: Charles E. Larsen and daughter, Vivian Youngblood. He had no family or known relatives. Estate less than \$500 consequently no probate proceedings. Claim filed as person paying funeral expenses and equitably entitled to refund.

**Charles E. Larsen**  
**Executor**

1509 H. St. S.E.

Auburn, Wash.



Do not itemize deductions if—(1) You determine your tax from the tax table on page 4, or  
(2) Your total income is \$5,000 or more and you claim the \$500 standard deduction.  
If husband and wife living together at end of year file separate returns and one itemizes deductions, the other must file his or her return on Form 1040, and must also itemize deductions.

## DEDUCTIONS

Describe deductions and state to whom paid. If more space is needed, list deductions on separate sheet of paper and attach to this return.

Amount

## Contributions

\$  
\$  
\$

Allowable Contributions (not in excess of 15 percent of item 6, page 1)

\$

## Interest

\$  
\$  
\$

Total Interest

## Taxes

\$  
\$  
\$

Total Taxes

Losses from fire,  
storm, shipwreck, or  
other casualty, or  
theft.

\$  
\$  
\$

Total Allowable Losses (not compensated by insurance or otherwise)

Medical and dental  
expenses

\$  
\$  
\$

Net Expenses (not compensated by insurance or otherwise)

\$  
\$

Enter 5 percent of item 6, page 1, and subtract from Net Expenses

Allowable Medical and Dental Expenses. See instruction for limitation

Miscellaneous  
(See Instructions)

\$  
\$  
\$

Total Miscellaneous Deductions

TOTAL DEDUCTIONS

\$

## TAX COMPUTATION—FOR PERSONS NOT USING TAX TABLE ON PAGE 4

1. Enter amount shown in item 6, page 1. This is your Adjusted Gross Income
2. Enter DEDUCTIONS (if deductions are itemized above, enter the total of such deductions; if adjusted gross income (line 1, above) is \$5,000 or more and deductions are not itemized, enter the standard deduction of \$500)
3. Subtract line 2 from line 1. Enter the difference here. This is your Net Income
4. Enter your exemptions (\$500 for each person whose name is listed in item 1, page 1)
5. Subtract line 4 from line 3. Enter the difference here
6. Use the tax rates in instruction sheet to figure your combined tentative normal tax and surtax on amount entered on line 5. Enter the tentative tax here. (If line 3 above includes partially tax-exempt interest, see Tax Computation Instructions)
7. Enter here 5 percent of amount entered on line 6
8. Subtract line 7 from line 6. Enter the difference here. This is your combined normal tax and surtax. (If alternative tax computation is made on separate Schedule D, enter here tax from line 12 of Schedule D)

IF YOU USED THE \$500 STANDARD DEDUCTION IN LINE 2, DISREGARD LINES 2, 10, AND 11, AND COPY ON LINE 12 THE SAME FIGURE YOU ENTERED ON LINE 1

9. Enter here any income tax payments to a foreign country or U. S. possession (attach Form 1116)
10. Enter here any income tax paid at source on tax-free covenant bond interest
11. Add the figures on lines 9 and 10 and enter the total here
12. Subtract line 11 from line 8. Enter the difference here and in item 7, page 1. This is your tax



## TAX TABLE

## FOR PERSONS WITH INCOMES UNDER \$5,000 NOT COMPUTING TAX ON PAGE 3

Read down the shaded columns below until you find the line covering the total income you entered in item 6, page 1. Then read across to the column headed by the number corresponding to the number of persons listed in item 1, page 1. Enter the tax you find there in item 7, page 1.

If total income in item 6, page 1, is—		And the number of persons listed in item 1, page 1, is—				If total income in item 6, page 1, is—		And the number of persons listed in item 1, page 1, is—									
At least	But less than	1	2	3	4 or more	At least	But less than	1	2	3	4	5	6	7	8	9 or more	
Your tax is—						Your tax is—						Your tax is—					
80	\$550	\$0	\$0	\$0	\$0	\$2,225	\$2,250	\$288	\$193	\$98	\$3	\$0	\$0	\$0	\$0	\$0	\$0
550	575	1	0	0	0	2,250	2,275	292	197	102	7	0	0	0	0	0	0
575	600	5	0	0	0	2,275	2,300	296	201	106	11	0	0	0	0	0	0
600	625	10	0	0	0	2,300	2,325	300	205	110	15	0	0	0	0	0	0
625	650	14	0	0	0	2,325	2,350	305	210	115	20	0	0	0	0	0	0
650	675	18	0	0	0	2,350	2,375	309	214	119	24	0	0	0	0	0	0
675	700	23	0	0	0	2,375	2,400	313	218	123	28	0	0	0	0	0	0
700	725	27	0	0	0	2,400	2,425	318	223	128	33	0	0	0	0	0	0
725	750	31	0	0	0	2,425	2,450	322	227	132	37	0	0	0	0	0	0
750	775	35	0	0	0	2,450	2,475	326	231	136	41	0	0	0	0	0	0
775	800	40	0	0	0	2,475	2,500	330	235	140	45	0	0	0	0	0	0
800	825	44	0	0	0	2,500	2,525	335	240	145	50	0	0	0	0	0	0
825	850	48	0	0	0	2,525	2,550	339	244	149	54	0	0	0	0	0	0
850	875	52	0	0	0	2,550	2,575	343	248	153	58	0	0	0	0	0	0
875	900	57	0	0	0	2,575	2,600	347	252	157	62	0	0	0	0	0	0
900	925	61	0	0	0	2,600	2,625	352	257	162	67	0	0	0	0	0	0
925	950	65	0	0	0	2,625	2,650	356	261	166	71	0	0	0	0	0	0
950	975	70	0	0	0	2,650	2,675	360	265	170	75	0	0	0	0	0	0
975	1,000	74	0	0	0	2,675	2,700	365	270	175	80	0	0	0	0	0	0
1,000	1,025	78	0	0	0	2,700	2,725	369	274	179	84	0	0	0	0	0	0
1,025	1,050	82	0	0	0	2,725	2,750	373	278	183	88	0	0	0	0	0	0
1,050	1,075	87	0	0	0	2,750	2,775	377	282	187	92	0	0	0	0	0	0
1,075	1,100	91	0	0	0	2,775	2,800	382	287	192	97	2	0	0	0	0	0
1,100	1,125	95	0	0	0	2,800	2,825	387	291	196	101	6	0	0	0	0	0
1,125	1,150	100	5	0	0	2,825	2,850	391	295	200	105	10	0	0	0	0	0
1,150	1,175	104	9	0	0	2,850	2,875	396	299	204	109	14	0	0	0	0	0
1,175	1,200	108	13	0	0	2,875	2,900	401	304	209	114	19	0	0	0	0	0
1,200	1,225	112	17	0	0	2,900	2,925	405	308	213	118	23	0	0	0	0	0
1,225	1,250	117	22	0	0	2,925	2,950	410	312	217	122	27	0	0	0	0	0
1,250	1,275	121	26	0	0	2,950	2,975	415	317	222	127	32	0	0	0	0	0
1,275	1,300	125	30	0	0	2,975	3,000	419	321	226	131	36	0	0	0	0	0
1,300	1,325	129	34	0	0	3,000	3,050	427	327	232	137	42	0	0	0	0	0
1,325	1,350	134	39	0	0	3,050	3,100	436	336	241	146	51	0	0	0	0	0
1,350	1,375	138	43	0	0	3,100	3,150	445	344	249	154	59	0	0	0	0	0
1,375	1,400	142	47	0	0	3,150	3,200	455	353	258	163	68	0	0	0	0	0
1,400	1,425	147	52	0	0	3,200	3,250	464	361	266	171	76	0	0	0	0	0
1,425	1,450	151	56	0	0	3,250	3,300	474	370	275	180	85	0	0	0	0	0
1,450	1,475	155	60	0	0	3,300	3,350	483	379	284	189	94	0	0	0	0	0
1,475	1,500	159	64	0	0	3,350	3,400	492	388	292	197	102	7	0	0	0	0
1,500	1,525	164	69	0	0	3,400	3,450	502	397	301	206	111	16	0	0	0	0
1,525	1,550	168	73	0	0	3,450	3,500	511	407	309	214	119	24	0	0	0	0
1,550	1,575	172	77	0	0	3,500	3,550	521	416	318	223	128	33	0	0	0	0
1,575	1,600	176	81	0	0	3,550	3,600	530	425	326	231	136	41	0	0	0	0
1,600	1,625	181	86	0	0	3,600	3,650	539	435	335	240	145	50	0	0	0	0
1,625	1,650	185	90	0	0	3,650	3,700	549	444	343	248	153	58	0	0	0	0
1,650	1,675	189	94	0	0	3,700	3,750	558	454	352	257	162	67	0	0	0	0
1,675	1,700	194	99	4	0	3,750	3,800	568	463	361	266	171	76	0	0	0	0
1,700	1,725	198	103	8	0	3,800	3,850	577	472	369	274	179	84	0	0	0	0
1,725	1,750	202	107	12	0	3,850	3,900	586	482	378	283	188	93	0	0	0	0
1,750	1,775	206	111	16	0	3,900	3,950	596	491	387	291	196	101	6	0	0	0
1,775	1,800	211	116	21	0	3,950	4,000	605	501	396	300	205	110	15	0	0	0
1,800	1,825	215	120	25	0	4,000	4,050	615	510	406	308	213	118	23	0	0	0
1,825	1,850	219	124	29	0	4,050	4,100	624	520	415	317	222	127	32	0	0	0
1,850	1,875	223	128	33	0	4,100	4,150	633	529	424	325	230	135	40	0	0	0
1,875	1,900	228	133	38	0	4,150	4,200	643	538	434	334	239	144	49	0	0	0
1,900	1,925	232	137	42	0	4,200	4,250	652	548	443	342	247	152	57	0	0	0
1,925	1,950	236	141	46	0	4,250	4,300	662	557	453	351	256	161	66	0	0	0
1,950	1,975	241	146	51	0	4,300	4,350	671	567	462	360	265	170	75	0	0	0
1,975	2,000	245	150	55	0	4,350	4,400	680	576	471	368	273	178	83	0	0	0
2,000	2,025	249	154	59	0	4,400	4,450	690	585	481	377	282	187	92	0	0	0
2,025	2,050	253	158	63	0	4,450	4,500	699	595	490	386	290	195	100	5	0	0
2,050	2,075	258	163	68	0	4,500	4,550	709	604	500	395	299	204	109	14	0	0
2,075	2,100	262	167	72	0	4,550	4,600	718	614	509	405	307	212	117	22	0	0
2,100	2,125	266	171	76	0	4,600	4,650	727	623	518	414	316	221	126	31	0	0
2,125	2,150	271	176	81	0	4,650	4,700	737	632	528	423	324	229	134	39	0	0
2,150	2,175	275	180	85	0	4,700	4,750	746	642	537	433	333	238	143	48	0	0
2,175	2,200	279	184	89	0	4,750	4,800	756	651	547	442	342	247	152	57	0	0
2,200	2,225	283	188	93	0	4,800	4,850	765	661	556	452	350	255	160	65	0	0
						4,850	4,900	774	670	565	461	359	264	169	74	0	0
						4,900	4,950	784	679	575	470	367	272	177	82	0	0
						4,950	5,000	793	689	584	480	376	281	186	91	0	0



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
OFFICE OF INDIAN AFFAIRS  
FIELD SERVICE

Klamath Indian Agency,  
Klamath Agency, Oregon,  
February 9th, 1935.

To Whom It May Concern:-

Mr. Silas Moon, the bearer, worked under my direction as fire guard on the Klamath Indian Reservation during part of the summer season 1934. I found Mr. Moon to be a man of sober habits, conscientious, loyal and a hard worker.

I would not hesitate to recommend him for any fire job for which he may qualify.

*Silas O. Davis*

Silas O. Davis,  
Forest Ranger in charge of  
Fire Protection.

UNITED STATES  
DEPARTMENT OF THE INTERIOR

INDIAN FIELD SERVICE

WARM SPRINGS INDIAN AGENCY,  
Warm Springs, Oregon.  
June 4, 1934.

To whom it may concern:

The bearer, Silas Moon, has worked here on Emergency Conservation Work for the past six months. During that time he has been in charge of crews on logging, & road construction. His work has been very satisfactory, and I can recommend him to anyone who needs his services.

*Patrick Gray.*

Patrick Gray,  
Forest Supervisor.



**STEWART, WALSH & WOLFE***25 Years Experience in Western Timber*TIMBER ESTIMATING - LOGGING ENGINEERING  
LOGGING APPRAISALS - PROPERTY MANAGEMENT

1001-2 BEDELL BLDG.

**PORTLAND, OREGON**

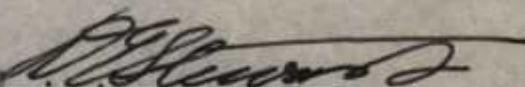
June 7th, 1927.

To Whom It May Concern:

The undersigned has known Mr. S. R. Moon for a number of years, he having worked for and under me for considerable time.

I can cheerfully recommend Mr. Moon as being a man of good habits and industrious and so far as I know entirely honest. I think he is well worth giving a chance to in any kind of work that he can do.

Yours very truly,

  
By D. E. Stewart.



F. J. MARTIN

A. R. MARTIN



# PORTLAND TINWARE MANUFACTURING

MANUFACTURERS AND REPAIRERS

TIN, COPPER, GALVANIZED IRON WARE

PHONE BROADWAY 3444

47 FIRST STREET

PORTLAND, OREGON.

To Whom it may concern.  
I have known Mr. S. R. Moon for 2 years.  
and Made his home with me for that  
time I have found him Honest and  
trust worthy as long as he was at  
our home. I will say that you  
can rely on him as a first class  
Man any where.

W. F. J. Martin - My Sec. □



MOON & Elan:

Mr. Duffy, the Government Scaler at Pelican Bay Lumber Company, wants you to report there for work, Monday morning.

He would like to have you keep this quite, as they are not entirely sure that they can employ you, as the N.L.R.B. requires that former employees be given preference.

*Carly L. Picotte*  
Carly L. Picotte  
Project Mgr. CCC-ID

I hate to lose either of you, but if you can better yourselves, you'll be getting just what I would like to do for you. When work is over up there, you maybe sure that you can have your old jobs back here.

C.L.P.



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
OFFICE OF INDIAN AFFAIRS  
FIELD SERVICE

To Whom This May Come

GREETINGS:

This is to certify that I, Charles E. Larsen, Senior Clerk, temporarily in charge of the Chemawa Indian School, have official custody of the records of the Chemawa Indian School, and that the records show that Silas Moon originally entered the Chemawa Indian School on April 15, 1895, and that he was enrolled from Alaska and that his age is given as 12 years. The records do not give the exact date of his birth. Using the above figures the year of his birth would be 1883, and his age at the present time 58 years.

Charles E. Larsen  
Charles E. Larsen  
Sr. Clk. in Charge

Chemawa Indian School  
Chemawa, Oregon  
June 23, 1941



## EVIDENCE FOR PROVING FACTS OF BIRTH

---

Types of evidence generally accepted for establishing the facts of birth when no certificate was registered at the time of birth are shown by the following list. This list also indicates their order of preference. Records less than 5 years old will not be considered as evidence but should be taken into consideration by the State registrar in his investigation of the case.

**1. Baptismal, cradle roll, or other church record**

(If the applicant does not have such a record, he should be instructed to write the present pastor of the church where his baptism took place.)

**2. Family Bible record**

(Bible records will be considered as class B evidence unless proved beyond doubt to have been made before the fourth birthday of the registrant.)

**3. Physician or hospital record**

(An exact copy (preferably photostat) of the office record of the physician who attended the birth, or a copy of the hospital record of the birth.)

**4. Birth certificate of the registrant's child**

(To have complete weight, this birth certificate should have been filed not less than 5 years before the time of the application for delayed registration.)

**5. Record from a local, State, or Federal census**

(The applicant may obtain application forms for this record from his county health officer, the State Bureau of Vital Statistics, or the Bureau of the Census at Washington, D.C.)

**6. School record**

(The applicant should write to the superintendent of schools requesting a record of age or birth date, birthplace, and parents' names as given on entrance in school.)

**7. Insurance policy**

(If the applicant no longer has the policy, he should write to the insurance company for a statement showing the birth date, birthplace, and names of parents as shown on the application for the policy.)

**8. Other acceptable records**

(Records of military service, or employment; marriage or other license; voting registration record; naturalization papers, immigration record, or passport; record of hospitalization.)

**9. Affidavit**

(If affidavit is to prove birth date, person taking oath must state acceptable reasons why he knows and remembers the date. Affidavits need not be 5 years old, but credit will not be given for more than one affidavit as proof of any one item.)



Warm Springs, Oregon  
December 8, 1941

Mr. Frank A. Boyle, Registrar of Vital Statistics.  
Auditor of Alaska  
Juneau, Alaska

Dear Mr. Boyle:

Please find enclosed herewith, a money order in the amount of \$1.50, the fee for the issuing of a birth certificate which I am requesting be sent to me at the above address.

Mr. James L. Hobgood, Prin. Juneau-Douglas Schools has advised that I can secure this birth certificate from you, as he has completed the necessary papers in regard to myself for securing the certificate.

Trusting no futher information is needed and I thanking you, I remain

Yours very truly,

Silas Moon

SM/j  
encls.

RUSSELL, HOPPE & WAKEFIELD, INC.  
INVESTMENT SECURITIES  
WILCOX BUILDING  
PORTLAND, OREGON

11/4/33

To Whom it may Concern.

From 1913 to 1925 I was Manager  
of Big Creek Log. Co. & Gales Creek Log. Co. During  
a considerable portion of that time Mr. S. R.  
Moon worked for us in various capacities.  
and is an experienced and capable logger.  
He is a man of good habits and is  
deserving of any consideration that may  
be given him.

Very Truly Yours

A. Stewart



**Western Operators Association**

(NORTHWEST LOGGING OPERATORS ASSOCIATION)

11 N. W. 6th Ave  
324 PINE STREET  
TELEPHONE ATWATER 4973  
PORTLAND, OREGON

GEO. B. SYPHER  
GEN'L MGR. AND SECY

Nov. 3, 1933

To whom this may concern;

This is to advise that S.R. Moon is well known to this office as an experienced Logger. He has cleared thru this office for various logging operations since the year 1925.

We do not hesitate to recommend him to anyone needing the services of this type of man.

If a detailed record of his employment is wanted, we will gladly furnish it upon request.

Very truly yours,

Western Operators Assn.,  
by W.C. Murphy



UNITED STATES  
DEPARTMENT OF THE INTERIOR

339.4c

OFFICE OF INDIAN AFFAIRS

FIELD SERVICE

Klamath Indian Agency  
Klamath Agency  
Oregon

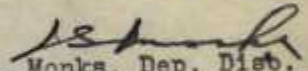
April 6, 1940

TO WHOM IT MAY CONCERN:

The bearer of this letter, Mr. Silas Moon, Indian, is desirous of obtaining employment as brush piler with any of the lumber companies operating on the Klamath Reservation. Mr. Moon is an experienced brush piler.

Any consideration given to Mr. Moon for employment as a brush piler will be appreciated by this office.

B. G. Courtright, S. D. A.

  
by S. Monks, Dep. Dist. Agt.  
B. G. Courtright  
Superintendent



ASTORIA, OREGON, December 9 1946

Mr. Charles E. Larsen

1509 H St. S. E.

Auburn, Washington

IN ACCOUNT WITH

"Funerals of Character"

*Ginn's Funeral Home*

Telephone No. 5

531 FRANKLIN AVENUE

a/c services rendered Silas Roy Moon, deceased, Sept. 19/25, 1946.

Professional services and casket as selected . . . . . \$195.00

Monies advanced by us for other fees:

Cemetery charges . . . . .	\$82.00
Clergy fee . . . . .	5.00
Organist . . . . .	2.50
Telephone calls . . . . .	2.67
2 certified copies of death . . . . .	1.00

\$ 93.17

Total - - \$288.17

PAID IN FULL

12/9/46

Ginn's Funeral Home

by

*JM Ginn*

COPY

WITHHOLDING STATEMENT—1947

Wages Paid and Income Tax Withheld

EMPLOYEE'S  
COPY  
(DUPLICATE)

Total wages (before pay-roll  
deductions) paid in 1947

\$ 24.72

Federal income tax withheld,  
if any

\$ --

EMPLOYEE TO WHOM PAID (Print name, full address, and Soc. Sec. No.)

SILAS MOON 543 01 7824  
230 6 Ave. No.W.  
Portland, Oregon

(To EMPLOYEE: Change name and address if not correctly shown)

EMPLOYER BY WHOM PAID (Name, address, and E. S. Identification No.)

CROWN ZELLERBACH CORPORATION  
CATHLAMET, WASHINGTON  
94-0413250

To EMPLOYEE:

This is your copy. Do not file with Collector.

If you use Employee's Optional Income Tax Return on back of the original Form W-2 as your return, you should make a record of your return below:

1. Write total of wages shown on this and all your other 1947 Withholding Statements..... \$
2. Write total of all other wages, dividends, and interest . \$
3. Add lines 1 and 2. Write total here . \$
4. If line 3 includes income of both husband and wife, show husband's income \$ ; wife's income \$

List of dependents claimed:

(Name)	(Relationship)
(Name)	(Relationship)
(Name)	(Relationship)
(Name)	(Relationship)



No 3412

Astoria, Oregon

October 25, 1946

GINN'S FUNERAL HOME

531 Franklin Ave.

Received of

Charles C. Larsen, Executor

The Sum of

One Hundred Twelve and  $\frac{69}{100}$

Dollars

Apply on account,  
Services for

Lilas Roy Moon

Paid By

{ Check ☒  
Cash ☐

Balance

\$ 153.98

GINN'S FUNERAL HOME

\$ 112.69

Hand you

By

Kenneth Ginn

WITHHOLDING STATEMENT—1946  
Wages Paid and Income Tax Withheld

EMPLOYEE'S  
COPY  
(DUPLICATE)

EMPLOYEE TO WHOM PAID (Print name, address, and Social Security No.)

Silas R. Moon  
230 N. W. 6th  
Portland, Oregon

543-01-7824

(To EMPLOYEE: Change name and address if not correctly shown)

Total wages (before pay-roll de-  
ductions) paid in 1946

Federal income tax withheld, if  
any

\$ 82.58

\$ 8.60

EMPLOYER BY WHOM PAID (Name, address, and S. S. identification No.)

BARR-NELSON & CO.  
139 S. W. FIRST AVE.  
PORTLAND 4, OREGON

To EMPLOYEE:

This is your copy. Do not file with Collector.

If you use Employee's Optional Income Tax Return on back of  
the original Form W-2 as your return, you should make a record  
of your return below:

1. Write total of wages shown on this and all  
your other 1946 Withholding Statements \$ .....
2. Write total of all other wages, dividends,  
and interest \$ .....
3. Add lines 1 and 2. Write total here \$ .....
- 4c. If line 3 includes income of both husband and wife, show hus-  
band's income \$ .....; wife's income \$ .....

List of dependents claimed:

(Name) .....	(Relationship) .....
(Name) .....	(Relationship) .....
(Name) .....	(Relationship) .....
(Name) .....	(Relationship) .....

93-0119405



WITHHOLDING STATEMENT—1946  
Wages Paid and Income Tax Withheld

EMPLOYEE'S  
COPY  
(DUPLICATE)

EMPLOYEE TO WHOM PAID (Print name, address, and Social Security No.)

543-01-7824

Silas Roy Moon  
230 N. W. Sixth Ave.  
Portland 9, Oregon

(To EMPLOYEE: Change name and address if not correctly shown)

Total wages (before pay-roll deductions) paid in 1946	Federal income tax withheld, if any
\$ 253.35	\$ 31.90

EMPLOYER BY WHOM PAID (Name, address, and S. S. identification No.)

Elk Creek Logging Co.  
Box 33  
Estacada, Oregon

93-0184575

16-44829-3

To EMPLOYEE:

This is your copy. Do not file with Collector.

If you use Employee's Optional Income Tax Return on back of the original Form W-2 as your return, you should make a record of your return below:

1. Write total of wages shown on this and all your other 1946 Withholding Statements \$.....
2. Write total of all other wages, dividends, and interest \$.....
3. Add lines 1 and 2. Write total here \$.....
- 4c. If line 3 includes income of both husband and wife, show husband's income \$.....; wife's income \$.....

List of dependents claimed:

(Name)	(Relationship)
.....	.....
(Name)	(Relationship)
.....	.....
(Name)	(Relationship)
.....	.....
(Name)	(Relationship)
.....	.....

WITHHOLDING STATEMENT—1946  
Wages Paid and Income Tax Withheld

EMPLOYEE'S  
COPY  
(DUPLICATE)

**EMPLOYEE TO WHOM PAID** (Print name, address, and Social Security No.)

543-01-7824

Silas Roy Moon  
230. N.W. Sixth Ave.  
Portland, Oregon

(To EMPLOYEE: Change name and address if not correctly shown)

Total wages (before pay-roll de-  
ductions) paid in 1946

Federal income tax withheld, if  
any

\$.....90.00.....

\$.....13.90.....

**EMPLOYER BY WHOM PAID** (Name, address, and S. S. Identification No.)

93-0336061

V & M Operating  
Nehalem, Oregon

16-44829-3

**To EMPLOYEE:**

This is your copy. Do not file with Collector.

If you use Employee's Optional Income Tax Return on back of the original Form W-2 as your return, you should make a record of your return below:

1. Write total of wages shown on this and all your other 1946 Withholding Statements \$.....
2. Write total of all other wages, dividends, and interest \$.....
3. Add lines 1 and 2. Write total here \$.....
- 4c. If line 3 includes income of both husband and wife, show husband's income \$.....; wife's income \$.....

List of dependents claimed:

(Name).....	(Relationship).....
(Name).....	(Relationship).....
(Name).....	(Relationship).....
(Name).....	(Relationship).....



**WITHHOLDING STATEMENT—1946**  
**Wages Paid and Income Tax Withheld**

**COLLECTOR'S  
COPY  
(TRIPLICATE)**

**EMPLOYEE TO WHOM PAID** (Print name, address, and Social Security No.)

543-01-7824  
**Silas Roy Meen**  
**230. N.W. Sixth Ave.**  
**Portland, Oregon**

Total wages (before pay-roll de-  
ductions) paid in 1946

Federal income tax withheld, if  
any

\$ **90.00**

\$ **13.90**

**EMPLOYER BY WHOM PAID** (Name, address, and S. S. identification No.)

**93-0336061**  
**V & M Operating Co.**  
**Nehalem, Oregon**

**To EMPLOYER:**

1. Prepare this form in triplicate for each employee (a) from whom tax has been withheld or (b) whose wages for any pay-roll period exceeded the amount of one withholding exemption (even though no tax was withheld).
2. Fill in:
  - (a) the employee's name, address, and Social Security number;
  - (b) the total wages paid before any pay-roll deductions;
  - (c) the amount of tax withheld, if any; and
  - (d) your name, address, and S. S. identification number.
3. Give original and Employee's Copy to the employee.
4. Forward this triplicate copy and all other triplicate copies, together with your yearly Reconciliation Statement, Form W-3, to your Collector of Internal Revenue with your Withholding Tax Return (Form W-1) for the fourth quarter of the calendar year (or with your final return).

WITHHOLDING STATEMENT—1946  
Wages Paid and Income Tax Withheld

EMPLOYEE'S  
COPY  
(DUPLICATE)

EMPLOYEE TO WHOM PAID (Print name, address, and Social Security No.)

P. R. Moon

?

(To EMPLOYEE: Change name and address if not correctly shown)

Total wages (before pay-roll deductions) paid in 1946

Federal income tax withheld  
any

\$ 36.81

EMPLOYER BY WHOM PAID (Print name, address, and S. S. Identification No.)

John S. Brandeis, Logger  
545 N. 34th Street,  
Corvallis, Oregon

To EMPLOYEE:

This is your copy. Do not file with Collector.

If you use Employee's Optional Income Tax Return on back of the original Form W-2 as your return, you should make a record of your return below:

1. Write total of wages shown on this and all your other 1946 Withholding Statements \$.....

2. Write total of all other wages, dividends, and interest \$.....

3. Add lines 1 and 2. Write total here \$.....

4. If line 3 includes income of both husband and wife, show husband's income \$.....; wife's income \$.....

List of dependents claimed:

(Name) (Relationship)

(Name) (Relationship)

(Name) (Relationship)

(Name) (Relationship)



**WITHHOLDING STATEMENT—1946**  
**Wages Paid and Income Tax Withheld**

EMPLOYEE'S  
COPY  
(DUPLICATE)

**EMPLOYEE TO WHOM PAID** (Print name, address, and Social Security No.)

Silas Roy Moon  
230- N.W. 6th Ave,  
Portland, Ore.

543-01-7824

(To EMPLOYEE: Change name and address if not correctly shown)

Total wages (before pay-roll de-  
ductions) paid in 1946

Federal income tax withheld, if  
any

\$ 76.76

\$ 0.00

**EMPLOYER BY WHOM PAID** (Name, address, and S. S. identification No.)

DEEP RIVER TIMBER COMPANY  
DEEP RIVER, WASHINGTON

SS# 91-0196932

16-44229-2

**To EMPLOYEE:**

This is your copy. Do not file with Collector.

If you use Employee's Optional Income Tax Return on back of  
the original Form W-2 as your return, you should make a record  
of your return below:

1. Write total of wages shown on this and all  
your other 1946 Withholding Statements \$.....

2. Write total of all other wages, dividends,  
and interest \$.....

3. Add lines 1 and 2. Write total here \$.....

4. If line 3 includes income of both husband and wife, show hus-  
band's income \$.....; wife's income \$.....

List of dependents claimed:

(Name) (Relationship)

(Name) (Relationship)

(Name) (Relationship)

(Name) (Relationship)

WITHHOLDING STATEMENT—1946  
Wages Paid and Income Tax Withheld

EMPLOYER'S  
COPY  
(DUPLICATE)

EMPLOYEE TO WHOM PAID (Print name, address, and Social Security No.)

Silas Roy Moon,  
230 N. W. 6th., Ave.,  
Portland, Ore.

543-01-7824

(To EMPLOYEE: Change name and address if not correctly shown)

Total wages (before pay-roll de-  
ductions) paid in 1946

Federal income tax withheld, if  
any

\$ 719.75

\$ 98.50

EMPLOYER BY WHOM PAID (Name, address, and S. S. identification No.)

DAVIS LOGGING CO.  
CANNON BEACH, ORE.

To EMPLOYEE:

This is your copy. Do not file with Collector.

If you use Employee's Optional Income Tax Return on back of  
the original Form W-2 as your return, you should make a record  
of your return below:

1. Write total of wages shown on this and all  
your other 1946 Withholding Statements \$.....
2. Write total of all other wages, dividends,  
and interest \$.....
3. Add lines 1 and 2. Write total here \$.....
- 4c. If line 3 includes income of both husband and wife, show hus-  
band's income \$.....; wife's income \$.....

List of dependents claimed:

..... (Name)	..... (Relationship)
..... (Name)	..... (Relationship)
..... (Name)	..... (Relationship)
..... (Name)	..... (Relationship)



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.

STATE PRINTING DEPT.

Oregon State Board of Health  
Division of Vital Statistics

Standard-Certificate of Death  
STATE OF OREGON

State File No. \_\_\_\_\_  
Local Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County Clatsop  
(b) City or town Loxer Nahalem District, rural  
(If outside city or town limits write RURAL.)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 20 years In state 50 years  
(years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Oregon (b) County Clatsop  
(c) City or town Cannon Beach  
(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. 50 years

## 3. (a) FULL NAME

Silas Roy Moon

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. 543-01-78214. Sex Male

5. Alaskan  
race Indian

6. (a) Single, widowed, married,  
divorced Divorced

## 6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife  
If alive \_\_\_\_\_ years

## 7. Birth date of deceased

Sept. 18, 1883

(Month) (Day) (Year)

## 8. Age: Years

63

## Months

0

## Days

1

## If less than one day

hr. \_\_\_\_\_ min. \_\_\_\_\_

## 9. Birthplace

Juneau, Alaska

(City, town, or county) (State or foreign country)

## 10. Usual occupation

Head Loader

## 11. Industry or business

Logging

## 12. Name

No record

## 13. Birthplace

(City, town, or county) (State or foreign country)

## 14. Maiden name

No record

## 15. Birthplace

(City, town, or county) (State or foreign country)

## 16. (a) Informant's own signature

Charles E. Larsen(b) Address Auburn, Washington17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof Sept. 25, 46

(Month) (Day) (Year)

(c) Place: burial or cremation Oceanview, Astoria

## 18. (a) Signature of funeral director

Ruth E. Ginn(b) Address 531 Franklin Ave, Astoria, Ore.19. (a) Sept. 30, 46

(Date received local registrar)

(b) Gault Patton

(Registrar's signature)

## MEDICAL CERTIFICATION

20. Date of death: Month Sept. day 19  
year 1946 hour 9 minute 30 a.m.

21. I hereby certify that I attended the deceased from after  
death only  
to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive  
on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date  
and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
crushed chest and abdomen

Due to \_\_\_\_\_

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) Accident  
(b) Date of occurrence Elsie, rural, Clatsop Co.  
(c) Where did injury occur? Sept. 19, 1946  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place,  
in public place? Logging Camp run over  
While at work? yes (Specify type of place) by truck  
(e) Means of injury Coroner  
23. Signature William R. Thompson (M. D. or other)  
Astoria, Ore. Date signed 9/20/46

CERTIFICATE OF COPY

STATE OF OREGON  
COUNTY OF CLATSOP, } ss.  
CITY OF SEASIDE,

I, GAULT PATTON, AUDITOR AND POLICE JUDGE of the City of Seaside, do hereby certify that I have compared the foregoing copy of

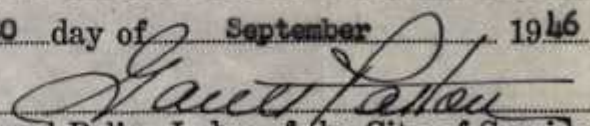
**the certificate of death of Silas Roy Moon**

with the original thereof, and that the same is a full, true and correct transcript of such original

**certificate of death**

and of the whole thereof as the same appears on file and of record in my office, and in my care and custody.

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the City of Seaside affixed this 30 day of September 1946.

  
Auditor and Police Judge of the City of Seaside.

(seal)



IT:MP:meh  
7102199-47

Tacoma, Washington  
1839 East Franklin St.,  
Tacoma, Washington

Mr. Clark Squire, Collector  
Internal Revenue Service,  
Tacoma 2, Washington

In re: Mr. Silas Roy Meen, dec.

Dear Sir:

In response to your letter of the 15th, instant,  
I am enclosing, herewith, Forms W-2 received from the  
following employers showing the total amount of wages  
received and the total amount of income tax which was  
withheld:

<u>Name</u>	<u>Address</u>
Crown Zellerbach Corp.	Oakland, Washington
Barr-Nelson & Co.	Portland, Oregon
Elk Creek Logging Co.	Estacada, Oregon
V. & M. Operating Co.	Nenahem, Oregon
John B. Brandis, Logger	Corvallis, Oregon
Deep River Timber Co.,	Deep River, Washington
Davis Logging Co.,	Cannon Beach, Oregon

There is also enclosed certified copy of death.

Very truly yours,

Charles L. Larsen



# TREASURY DEPARTMENT

INTERNAL REVENUE SERVICE

TACOMA 2, WASH.

April 15, 1947



OFFICE OF THE COLLECTOR  
DISTRICT OF WASHINGTON

IN REPLYING REFER TO

IT:MP:meh  
7102199-47

Mr. Charles E. Larsen, Executor  
Estate of Mr. Silas Roy Moon  
1509 H. Street, S.E.  
Auburn, Washington

In re: Mr. Silas Roy Moon, Deceased

Dear Mr. Larsen:

Reference is made to the above-named taxpayer's 1946 income tax return.

You are requested to furnish us with copies of Forms W-2 received from the following employers showing the total amount of wages received and the total amount of income tax which was withheld:

<u>Name</u>	<u>Address</u>
Crown Zellerbach Corp.	Cathlamet, Washington
✓Barr-Nelson & Co.	Portland, Oregon
✓Elk Creek Logging Co.	Estacada, Oregon
✓V. & M. Operating Co.	Nehalem, Oregon
✓John S. Brandis, Logger	Corvallis, Oregon
✓Deep River Timber Co.	Deep River, Washington
✓Davis Logging Co.	Cannon Beach, Oregon

The enclosed Claimant Schedule must be filled out and returned to this office in order that the refund indicated on the above-named taxpayer's return is paid to the person legally qualified to collect such refund check. If an administrator or an executor has been appointed, a copy of the court certificate, showing the appointment of such officer and that he is still acting, must be attached to this schedule. If the estate has since been closed, a copy of the decree of distribution should be submitted. If no administrator has been appointed, it will be necessary for you to submit a copy of the certificate of death. No further action can be taken on the refund until this information is submitted.



IT:MP:meh

-2-

April 15, 1947

7102199-47

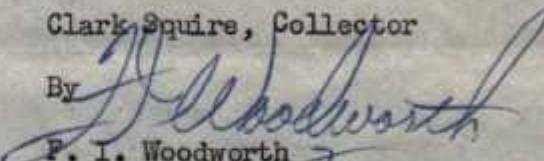
Mr. Charles E. Larsen, Executor  
Estate of Mr. Silas Roy Moon

In reply, kindly make reference to the symbols and number appearing in the upper left-hand corner of this letter.

Very truly yours,

Clark Squire, Collector

By

  
P. I. Woodworth  
Chief, Income Tax Division

Encl:

# Certificate of Marriage

STATE OF WASHINGTON }  
County of Clark } ss.

I Hereby Certify, That on the 22nd day of November  
in the year of our Lord, one thousand nine hundred and 43  
at 1014 Franklin St. Vancouver in the County and State aforesaid, I, the undersigned, a  
Minister, by authority of a License bearing date the 22nd  
day of November A.D., 1943, and issued by the County Auditor of Clark County, Washington

## Did Join in Lawful Wedlock

at 2 o'clock <sup>A.M.</sup><sub>P.M.</sub>  
Silas Roy Moon of the County of Mult State of Orp and  
Margaret B. Moore of the County of " State of "  
IN THE PRESENCE OF

Myrtle Clapshaw Rev. Paul L. Kuzman  
Henry Berger Minister  
WITNESSES OFFICIAL STATION

Signed: Silas Roy moon GROOM  
Signed: Margaret B. moore BRIDE

NOTE: This Certificate is to be given to contracting parties.



FEDERAL SECURITY AGENCY  
SOCIAL SECURITY ADMINISTRATION

**NOTICE OF AWARD OF LUMP-SUM DEATH PAYMENT**

This refers to your claim for a lump-sum death payment under the Social Security Act.

It has been determined that you are entitled to a single lump-sum death payment in the amount of the enclosed check.

A claimant for old-age and survivors insurance benefits has a right to a reconsideration or hearing if he does not agree with the decision on his claim. Request for a reconsideration or hearing should be made promptly, not later than 6 months from the date shown on the face of the enclosed check, and should be made through the local office of the Social Security Administration.

A widow receiving a lump-sum death payment may, under certain circumstances, become entitled to monthly insurance benefits upon filing an application at age 65.

If you have any questions concerning your claim, you should get in touch with the field office where you filed your claim, or any other field office of the Social Security Administration.

JOSEPH C. COLUMBUS, Chief, Area Office,  
Bureau of Old-Age and Survivors Insurance,  
989 Market Street, San Francisco 3, Calif.

Always give Claim No. 543-01-7824-G1  
when writing about this claim

Silas R. Moon

FEDERAL SECURITY AGENCY  
SOCIAL SECURITY BOARD

BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

Area Office

San Francisco 11, Calif.

Field Office

Tacoma, Wash.

July 21, 1947

Mr. Charles E. Larsen  
1839 Fairbanks St.  
Tacoma 4, Washington

Dear Sir:

This letter refers to your claim for a lump-sum death payment under the Social Security Act.

It has been determined that you are entitled to a single lump-sum death payment of \$ 78.02.

A check for this amount will be sent to you by the Treasury Department within a few days.

If you do not agree with this determination, you may request either that your claim be reconsidered by the Bureau of Old-Age and Survivors Insurance, or that a hearing be held on your claim by a referee of the Social Security Board. The request for a reconsideration or hearing should be made promptly and not later than six months from this date.

If you have any questions about your claim, you should get in touch with your Social Security Board Field Office.

Sincerely yours,

*Joseph C. Columbus*

Chief, Area Office

You will be advised later as to your entitlement to the remainder of the lump sum.

78.02  
60.15  
138.17



Claim  
No. 543-01-7824-G1  
Silas R. Moon

1839 E. Fairbanks  
Tacoma, Washington  
May 29, 1948

Social Security Board,  
Federal Building,  
Tacoma, Washington

Gentlemen:

Under date of July 21, 1947 I received a letter advising that my application for a lump-sum death payment in the case of Silas R. Moon had been acted upon and that "It has been determined that you are entitled to a single lump-sum death payment of \$78.02." This amount has been received.

At the bottom of this letter, dated July 21, 1947, the following was added:

"You will be advised later as to your entitlement to the remainder of the lump sum."

So far I have received no advice as to my entitlement to the remainder of the lump sum. Please advise.

Yours truly,

*Charles E. Larsen*  
Charles E. Larsen

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF MULTNOMAH.

S.R. MOON,

PLAINTIFF, )

15729

VS. )

D E C R E E.

MARGARET MOON,

DEFENDANT, (

Now on this day this matter coming on for hearing, the plaintiff appearing in person and by his attorney, LL. Cooper, the State of Oregon appearing by Madame Shaw Deputy District Attorney, and the defendant appearing not, although default has been duly and regularly entered against her, and the court being fully advised is of the opinion that the plaintiff is entitled to a decree as prayed for in his complaint.

IT IS THEREFORE CONSIDERED ORDERED AND ADJUDGED, that the bonds of matrimony now and heretofore existing between the plaintiff and the defendant be, and are hereby dissolved, and held for naught, and that the plaintiff be restored to all the rights and privileges of a single and unmarried person.

Sept 20, 1944

Ind W Broom  
JUDGE Pro Tem



MC CARTY DICKSON & SWINDELLS

ATTORNEYS AND COUNSELORS AT LAW

YEON BUILDING

PORTLAND 4, OREGON

March 1, 1947

CHESTER E. MCCARTY

WILLIAM L. DICKSON

JAMES G. SWINDELLS

WILLIAM MILLER

IN ACCOUNT WITH Mr. Charles E. Larsen  
1509 H. St., S. E.  
Auburn, Washington

Per statement previously rendered

\$10.00

*Paid  
Per check  
3-5-46  
JES*



SALEM, OREGON

Feb. 3

1930 No.

THE FIRST NATIONAL BANK <sup>26-2</sup>/<sub>12</sub>  
IN SALEM

PAY TO

Mrs. R. M. Mison

OR ORDER \$ 40.00

Forty & no / 100

24 N.P. 20  
DOLLARS

Chas E. Larsen



SALEM, OREGON

1 - 2 - 1937 No.

THE FIRST NATIONAL BANK  
IN SALEM

96-2  
12

13

PAY TO

E. R. Morrison

Five & 00/100

96-2

JAN 4 1937

4

OR ORDER \$

5.00

DOLLARS

G. C. Hansen

Steward & Co.

SALEM, OREGON

12-21-

1931

No.

✓ 6

THE FIRST NATIONAL BANK <sup>96-2</sup>/<sub>12</sub>  
IN SALEM

PAY TO

S. R. Moon

OR ORDER \$ 20.00

Twenty & no/100

DOLLARS

C. E. Hansen

Thermona, Ore.



SALEM, OREGON

Jan. 24

1932

No.

20

THE FIRST NATIONAL BANK

IN SALEM

95-2  
12

PAY TO

Silas R. Mason

OR ORDER \$25.<sup>00</sup>/<sub>100</sub>

Twenty-Five & 00/100

DOLLARS

C. E. Hansen

Therman, Ore

APRIL 11, 1932

SALEM, OREGON

193

No.



THE FIRST NATIONAL BANK

$\frac{98-2}{12}$

47

PAY TO Elias R. Moon

OR ORDER \$ 20.00

20 - 00 - TWENTY & NO/100 -

DOLLARS



*C. E. Larsen*

*Clatsop, Ore.*





SALEM, OREGON August 29, 1932 193

# THE FIRST NATIONAL BANK

IN SALEM

96-2  
12

70

PAY TO Silas R. Moon

OR ORDER \$ 20.00

PLUS  
24  
TAX

TWENTY and no/100

DOLLARS

*GE Larsen*  
*Stenmark*

THREE BLOCKS FROM UNION DEPOT  
LARGE LOBBY ON FIRST FLOOR  
HOT AND COLD WATER IN ALL ROOMS  
STEAM HEAT IN ALL ROOMS

RATES: 50c-75c-\$1.00  
OUTSIDE ROOMS \$3.00 WK., \$12.00 MO.  
" " \$4.00 WK., \$15.00 MO.  
INSIDE " \$2.50 WK., \$10.00 MO.

## ARLINGTON HOTEL

MRS. ANNA M. FOLEY, PROP.  
BROADWAY 2907  
SIXTH AND FLANDERS STS.  
PORTLAND, OREGON

Aug 28 - 32

Friend Chas.

I will have ask you

for \$207<sup>30</sup> again

I am ashamed to ask for asking  
the.

all time for money.

But I pay all back some  
day.

Regards to all

A R Moon



TELEPHONE--BROADWAY 0158  
LONG DISTANCE--BROADWAY 7874

STEAM HEAT -- FREE TELEPHONE  
HOT AND COLD WATER IN EACH ROOM

ELEVATOR SERVICE  
STRICTLY FIRE-PROOF AND  
MODERN  
EVERY CONVENIENCE

OWNERS  
PACIFIC COAST HOTEL CORP.



THREE BLOCKS  
FROM NEW POST OFFICE  
FOUR BLOCKS FROM UNION DEPOT  
SIX BLOCKS FROM THEATRICAL  
AND SHOPPING DISTRICT

ANNA M. FOLEY, MGR.

## HOTEL MONTANA

SIXTH AND EVERETT STREETS  
PORTLAND, OREGON

July 18 - 31

Mr C E Larsen  
Chemawa Ore  
Dear Friend

I well to make  
the long story short  
my job run out the 15th  
of last month. So thing  
are breaking hard for me  
I would like to have \$20 or  
\$30 if you could spare it  
How are thing at Chemawa

TELEPHONE--BROADWAY 0158  
LONG DISTANCE--BROADWAY 7974

STEAM HEAT -- FREE TELEPHONE  
HOT AND COLD WATER IN EACH ROOM

ELEVATOR SERVICE  
STRICTLY FIRE-PROOF AND  
MODERN  
EVERY CONVENIENCE

OWNERS  
PACIFIC COAST HOTEL CORP.



THREE BLOCKS  
FROM NEW POST OFFICE  
FOUR BLOCKS FROM UNION DEPOT  
SIX BLOCKS FROM THEATRICAL  
AND SHOPPING DISTRICT

ANNA M. FOLEY, MGR.

## HOTEL MONTANA

SIXTH AND EVERETT STREETS  
PORTLAND, OREGON

I hope are good with you  
not much to say because  
I think you enough to  
think about thing at  
Chumawa. so I will  
close hoping to hear  
from soon

Yours friend

A R Moon

98 Hotel Montana  
Portland



FEDERAL SECURITY AGENCY  
SOCIAL SECURITY BOARD  
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

INSTRUCTIONS TO APPLICANT FOR  
LUMP-SUM DEATH PAYMENT

Please read carefully

Those who may apply for such death payments and the order of their preference are shown below.

If there is no surviving widow, child, or parent who would, upon filing an application, be eligible for monthly insurance benefits, the following persons are eligible to apply:

- 1st. Widow or widower; but if none,
- 2d. Child, children, or grandchildren who are children of a deceased child; but if none,
- 3d. Parents; but if none,
- 4th. Any person "equitably entitled" to repayment by reason of having paid burial expenses. The burial expenses must have been paid within 2 years of the date of the wage earner's death.

There are attached (1) an Application for Lump-Sum Death Payment, and (2) ~~Statement of Death~~. The application must be filed within 2 years of the date of the wage earner's death.

To complete the application, write the information requested in each item. If you do not know an answer, write "unknown."

~~The application must be signed before a person authorized to administer oaths, such as a notary public. If you bring the forms to a field office representative, you will receive full assistance and the application may be sworn to without charge. Postmasters at third- and fourth-class post offices and rural mail carriers are also authorized to administer oaths free of charge.~~

~~**Proof of death.**—Proof of death of the wage earner must be supplied. The enclosed "Statement of Death" completed by the funeral director, or a copy of or statement as to the public record of death, certified by the person now in charge of such record, will be acceptable.~~

~~If it is not possible to furnish one of the above because the wage earner died outside the United States, you should submit whatever proof you have. An official report of death from an officer in the military or naval service is acceptable. The official report will be returned to you upon request.~~

~~**Proof of adoption.**—If an adopted child of the deceased wage earner is applying or if the deceased wage earner is an adopted child of the applicant, a copy of the order of court or decree of adoption certified by the custodian of the record must be supplied. This certified copy can be obtained by a request addressed to the court which issued the order or decree.~~

(OVER)



**Reimbursement.**—*If applying for repayment of burial expenses paid from your funds* you should submit an itemized, receipted bill signed by the funeral director, or other person to whom burial expenses were paid, showing any unpaid balance. The cost of the burial lot should be considered as part of the burial expenses except where (1) the wage earner had an interest in the lot (e. g., family plot), or (2) the lot was donated by someone else for the burial of the wage earner. If the wage earner had an interest in the lot, explain under "Remarks"; if the lot was donated, give the name and address of the donor; if the lot was not donated, submit a receipted bill or a statement from the cemetery association showing its value and the name of the purchaser.

If more than one person has paid burial expenses, the receipted bill should show the amount paid by each individual, and the amount remaining unpaid, if any.

\* \* \*

If it is reasonably convenient for you to call at this office, we shall be pleased to assist you in the completion of your claim. In the event you cannot call, please return the completed application and the required proofs, or an explanation of your inability to furnish such proofs, in the enclosed self-addressed envelope which requires postage.

16-43135-1 U. S. GOVERNMENT PRINTING OFFICE

1947  
1845  
52

1447  
1420  
27



FEDERAL SECURITY AGENCY  
SOCIAL SECURITY BOARD

BUREAU OF OLD-AGE AND  
SURVIVORS INSURANCE

IN REPLYING, ADDRESS: SOCIAL SECURITY BOARD

FIELD OFFICE

123 U. S. Court House  
Seattle 4, Washington  
December 5, 1946

Mr. Charles E. Larsen  
• 1509 H. St., S.E.  
Auburn, Washington

Wage Earner: Silas Roy Moon  
Account No.: 543-01-7824

Since you may be eligible for benefits based on your the above wage earner's record, we are enclosing an application and pamphlet which outlines briefly the insurance payments authorized by the Social Security Act.

If you wish to file a claim and will come to this office on any weekday except Saturday, we will be glad to help you in filling out your application or answer any questions you may wish to ask about the payment of benefits.

If you are not able to come in, you may complete and mail the enclosed application and other forms to us. Instructions telling how to complete the application and forms are also enclosed. In order that you will not lose benefits for any month, your application must be filed with us no later than two years from the date of death.

Sincerely yours,

*Sam Mathes Jr.*

Manager

Enclosures

Please send in itemized receipted statements for the burial expenses and ~~the~~ a copy of the letter of administration.

*Carried at 123 U.S. Court House  
Mar. 12-46*

FEDERAL SECURITY AGENCY  
SOCIAL SECURITY ADMINISTRATION

ALWAYS GIVE CLAIM NUMBER WHEN  
WRITING ABOUT THIS CLAIM

543-01-7824-G

S. R. Moon

BUREAU OF OLD-AGE AND  
SURVIVORS INSURANCE

AREA OFFICE:  
SAN FRANCISCO 3, CALIF.

June 17, 1948

Mr. Charles E. Larsen  
1839 East Fairbanks  
Tacoma, Washington

Dear Mr. Larsen:

We regret that there will be a delay in furnishing the information you requested in your recent letter concerning your claim for insurance benefits under the Social Security Act, as amended, on the basis of the wage record of Silas R. Moon, deceased. Your claims folder has been sent to our central records office for review. When it is returned, you will be notified of the action taken in your case with respect to further benefits payable to you on the basis of Mr. Moon's wage record.

Very truly yours,

*Joseph C. Columbus*  
Joseph C. Columbus  
Chief, Area Office



Always give Claim No. 543-01-7824-G  
when writing about this claim  
S. R. Moon

FEDERAL SECURITY AGENCY  
SOCIAL SECURITY ADMINISTRATION  
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

Area Office San Francisco, Calif.

Field Office Tacoma, Wash.

July 26, 1948

Mr. Charles E. Larsen  
1839 Fairbanks St.  
Tacoma 4, Wash.

Dear Sir:

This letter refers to your claim for a lump-sum death payment under the Social Security Act.

It has been determined that you are entitled to a single lump-sum death payment of \$60.15.

A check for this amount will be sent to you by the Treasury Department within a few days.

If you do not agree with this determination, you may request either that your claim be reconsidered by the Bureau of Old-Age and Survivors Insurance, or that a hearing be held on your claim by a referee of the Social Security Administration. The request for a reconsideration or hearing should be made promptly and not later than 6 months from this date.

If you have any questions about your claim, you should get in touch with your Social Security Administration Field Office.

It has been determined that you are entitled to the additional amount shown above which is the remainder of the lump-sum payment referred to in our previous letter.

Sincerely yours,

*Joseph C. Columbo*

Chief, Area Office