HEALTH SURVEY
OF
OREGON CITY
1930--1931

by
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and
E. Ricen
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INTRODUCTION

In 1842 a hardy band of immigrants crossed the plains and mountains and settled at the Falls of the Willamette, which afterwards became Oregon City and the first capital of Oregon territory. Thirteen years previous to this Dr. John McLoughlin, the chief factor of the Hudson's Bay Company, west of the Rocky Mountains, appropriated a large tract of land where Oregon City now stands. Later, there was much litigation concerning the ownership of this land, but the matter was finally adjudicated.

In 1843, American residents established a temporary civil government and founded the capital of Oregon territory at Oregon City. Dr. John McLoughlin employed S.W. Moss to plat the townsite. It is located on both banks of the Willamette River twelve miles south of Portland, Oregon. The site of Oregon City was selected by nature. Just here a range of basaltic hills, several hundred feet in height crosses the Willamette, i.e. the river has plowed its way thru them. At low water, the falls, semicircular in shape, are forty feet height, and one-half mile from shore to shore. Several Islands divide the stream at the brink. From the falls the river flows between solid vertical walls of basaltic rock twenty-five to fifty high. The Clackamas River empties in the Willamette just below the city.

For many years the city was threatened by Indians. The first Protestant church in the West was built there. It was also the educational and political center of Oregon for many years.

In 1900 the city was judged somewhat as follows.
What Plymouth Rock is to grim and bleak New England, what St. Augustine is to sunny Florida; what Jamestown is to the whole country; that is Oregon City to Oregon state and the Pacific North West. (Those are rather strong words, but in those days the city held much promise)

Situated at the great falls of the Willamette, it has the great resource water power offers to any locality. According to investigation by the Oregon City Board of Trade, the Willamette discharges 15,000 cubic feet of water per second. The volume at the falls is 12,300 cubic feet with a 56,000 horse power capacity.

In 1900, 6,000 people lived at Oregon City. It is the county seat of Clackamas County. At that time it was a quite important business and educational and political center. Also of historical interest is the fact that the first newspaper published on the Pacific coast or west of the Rocky Mountains was established at Oregon City in 1846: The Oregon Spectator.

Oregon City at present is a city of 7,000 people.

Other facts of interest including a map of the city and vicinity are shown in the Chamber of Commerce bulletin on the following page.
View of business section of Oregon City.

Home of Dr. John McLoughlin, Oregon City.
HOUSING

Sanitary Condition of a Tenement

The building in which we conducted our investigation was the Chase Apartments. The building is an old house which has been renovated and turned into ten modern apartments. Running water is present in all the apartments as well as individual toilets. The rooms are for the most part large and well lighted, the only exception being the basement apartments which are rather undesirable. All windows are provided with screens. Garbage disposal is made by means of chutes in each apartment. The garbage is stored temporarily in fly proof cans and is removed once each week. Heating is provided by oil burner. No provision is made for ventilation of the individual apartments, other than by use of the windows by the occupants. Each apartment is equipped with an electric refrigerator which insures the storage of food with safety, especially during the summer months. The hallways and stairs are kept well cleaned and in a sanitary condition. At night the hallways are kept well lighted. Signs pointing to fire escapes are readily distinguishable. Fire escapes are readily accessible from both ends of each hallway. Cooking is made possible by electric ranges present in each apartment. Electric lights are used thru out the entire building. The only criticisms to be noted are:

The basement apartments are really unsuitable for use from the standpoint of size, light and ventilation.
HOUSING

Sanitary Condition of a Tenement Cont'd.

Another improvement which would greatly enhance the living conditions in the building would be the installation of a ventilation system to both the individual apartments and hallways. A city ordinance (copy of which is included in this report) provides for the regular inspection of the building and also contains the various requirements for sanitary conditions in all tenements. With the exception of the criticisms above noted, the building appeared to be entirely satisfactory for human habitation.

WATER

The Public Water Supply

The necessity for an adequate supply of pure water cannot be too strongly emphasized in maintaining the public health of any community. In Oregon City, the public supply is owned and operated by the city government. The cost of maintenance and operation is borne by the taxpayers of the municipality.

The source of supply is Mamilouse Lake, located in the Mount Hood National Forest about twenty five miles northeast of the city. Altho located in the government reservation, the land is owned by the municipality. Water Superintendent, T. M. McCousland, employed by the city is in charge of this area. His duties are:

1. Constant patrol of the water shed in order to keep
WATER

The Public Water Supply, Cont'd.

out all hikers, campers and fishermen.

2. Prosecution of all individuals found trespassing in the water shed.

3. Collection of weekly samples of water to be used for bacteriological study.

4. Immediate removal of debris, dead animals or any other material that is a source of water pollution.

The rated capacity for water delivered from the lake is about two and one half million gallons a day. The operated capacity is approximately two million gallons a day. The water collected by pipe from a stream about five miles below the lake. Here it is piped to the city where it is collected in a reservoir. No method of filtration or chemical purification is used. From the central reservoir water is piped by smaller lines to various parts of the city.

Weekly specimens of water are collected and sent to the state board of health for bacteriological study. Whenever colo bacillus or other organisms are found in the specimen, an immediate search is made for evidence of pollution. Experience has shown that whenever high bacterial count is present, a careful search invariably reveals a dead animal carcass either in the lake or stream from which the water is obtained. On removal of the offending substance,
One of Oregon City's two reservoirs.
WATER

The Public Water Supply, Cont'd.

We would recommend that additional measures of purification be provided, either by rapid sand filtration, chemical purification or both.

GARBAGE

Collection and Disposal of Garbage and Refuse

The present system of collection and disposal of garbage is under private control, supervised by the city, via the city engineer. Private contractors collect the garbage in open wagons on the average of once a week. About 70% of the population within the city limits use this method of disposal. The remainder care for their garbage by burning, burying or dumping.

Our survey revealed a large number of the garbage cans to be in a highly unsanitary and fly breeding condition. In many cases the cans were fowl smelling, dust covered on the outside and filled with magots. In some cases the excess garbage was merely piled upon the ground alongside the cans. This condition is probably due both to (1) too infrequent collection of garbage; (2) failure of householder to wash or scald can after using, or failing to use some disinfectant in can.

Carelessness upon the part of the collectors was evidenced by spilling of garbage on the ground without removal.
at the time of transferring the garbage to the wagons. Many of the cans did not contain covers, thus acting as a factor in spread of disease by flies. The wagons used in collecting the garbage were all uncovered, not even containing a canvass cover.

By far the worst conditions were found in those homes which either could not afford or did not choose to have their garbage collected by private contractors. In most instances the garbage was thrown in an open pit or pile at the rear of the house. Needless to say such methods of disposal are highly objectionable from the standpoint of the spread of disease. In a few instances wooden covers were provided for the pits. Some individuals disposed of their garbage by burning, however in most instances the refuse was allowed to collect for a considerable time before this method of disposal was resorted to.

Equally as objectionable as the garbage, are other forms of refuse which are allowed to collect. Among these are ashes, rubbish and other forms of refuse. In the poorer districts this sort of refuse is allowed to collect either in barrels or open piles. Usually such piles contained evidence of garbage disposal.

The garbage collected by private collectors is dumped in a canyon about three miles from the city. No provision is made for burning. This garbage dump in itself constitutes
GARBAGE

Collection and Disposal of Garbage and Refuse, Cont'd.

a serious menace to the health of the community.

A city ordinance provides that all stable manure be kept in a closed box subsequent to its disposal. Very few infractions of this rule were noticed. Another ordinance requires the disposal of dead animals either by burying or burning.

The city streets are for the most part clean and well kept. The main streets in the downtown district are washed with a flusher each morning. The streets in the residential section are also washed in rotation each morning. In this way each street in the residential section is washed on the average of once a week.

Recommendations:

1. That all garbage cans be provided with lids. When a can is not sufficiently large to contain all garbage another or larger can should be secured.

2. All garbage pits should be required to have removable cover or screens.

3. Open garbage dumps or pits should be prohibited.

4. Covers should be required for vehicles collecting garbage.

5. Establishment of a central incenerator for the disposal of garbage.
SEWAGE

SEWAGE AND ITS DISPOSAL

One of the primary essentials of municipal sanitation is the thorough and prompt removal of sewage by a system of public sewers. The danger of the transmission of disease from faulty constructed privy vaults is a vital problem which the rural community must face and adequately provide for.

The sewage system of this city is owned and operated by the municipality under the supervision of the city engineer. The per cent of the population accessible by the system is approximately 98%. It is only in a few outlying districts that sewage pipes are not connected. In the near future this remaining area will be cared for by appropriations recently voted. The percent of the population connected with the sewage pipe line is estimated at 95%.

The type of system used is essentially a gravity method with pipes emptying into the river. The smaller pipes empty into a system of six larger ones which empty into the river at six points. These points are from one to two miles north of the city and empty into the Willamette River. No method of filtration or chemical disinfection is used. The crude sewage is emptied directly into the river at the points indicated above.

A city ordinance provides that all privy vaults be not closer than 100 feet to a dwelling, or source of water supply. Supervision and enforcement of this ordinance is by the city
SEWAGE

Sewage and its Disposal, Cont'd.

engineer. A similar ordinance also requires that within sixty to ninety days following construction of a building, said building shall be connected with the system of sewage pipes (providing pipes are accessible.)

About ten privies were inspected in the course of our survey. Six of this number were exposed to flies, rats or vermin. The most obvious faults were uncovered seats, unscreened windows, cracks, open doors and exposure at the bottom.

The danger from such a condition as exposed privy vaults is a serious menace to any community. Fortunately in this case it comprises only about 2 to 3% of the total population. Even so, the danger of fly born infection from such a source is quite obvious. The presence of specific discharges from a typhoid case or carrier may be the source of an epidemic which may result in the loss of hundreds of lives. Until the sewerage system is extended to all areas, it is vitally necessary to correct the present condition. The faults already listed should be corrected immediately. In some instances it will be necessary to destroy the old buildings and replace them with modern sanitary ones.

The current of the Willamette River into which the sewage empties is sufficiently swift to provide for an adequate removal of the sewage waste. Inspection of both banks of the river for a distance of three miles below the town
revealed no evidence of faulty removal.

Recommendations:

1. That the present gravity method of collection be extended to all outlying areas as soon as is possible.

2. The passage of an ordinance requiring proper construction of fly proof buildings, that shall be maintained in a sanitary condition. That such an ordinance be strictly enforced by regular inspection.

3. That bathing in the river at a point beginning two miles north of the city be discouraged, due to the high sewage content of the water at this point.

4. That eventually a system of filtration or chemical disinfection of sewage be provided, before disposal in the river as is done under the present system.
THE VITAL STATISTICS OF OREGON CITY

General death rate (per 1000)

<table>
<thead>
<tr>
<th></th>
<th>1925</th>
<th>1926</th>
<th>1927</th>
<th>1928</th>
<th>1929</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oregon City</td>
<td>9.5</td>
<td>10</td>
<td>8.6</td>
<td>10.8</td>
<td>9.2</td>
</tr>
<tr>
<td>All registration cities</td>
<td>11</td>
<td>11.2</td>
<td>11.3</td>
<td>11.4</td>
<td>11.4</td>
</tr>
</tbody>
</table>

The general death rate or the number of annual deaths per 1000 persons in the total population is a rather general indication of the health of a community. Probably of more value is a comparison with the death rate of all registration cities of the state. The comparison would indicate from the figures above that the general health of the city is a little above the average for all registration cities.

The principal causes of death in Oregon City, over a five year period (1925 - 1929) are shown in the table below:

<table>
<thead>
<tr>
<th>Diseases</th>
<th>Percentage of death from all causes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organic heart</td>
<td>13.2</td>
</tr>
<tr>
<td>Cancer</td>
<td>11.0</td>
</tr>
<tr>
<td>Apoplexy</td>
<td>9.1</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>8</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>7.1</td>
</tr>
<tr>
<td>Nephritis</td>
<td>6.0</td>
</tr>
<tr>
<td>Violence</td>
<td>5.2</td>
</tr>
<tr>
<td>Respiratory Diseases</td>
<td>3.0</td>
</tr>
<tr>
<td>Acute Communicable Diseases</td>
<td>2.6</td>
</tr>
</tbody>
</table>
INFANT MORTALITY

Even more significant of the general health of a community is its infant mortality rate - the ratio of deaths under one year to one thousand births.

Infant Mortality (deaths under 1 year per 1000 births)

<table>
<thead>
<tr>
<th>Year</th>
<th>1925</th>
<th>1926</th>
<th>1927</th>
<th>1928</th>
<th>1929</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>61</td>
<td>44</td>
<td>35</td>
<td>42</td>
<td>30</td>
</tr>
</tbody>
</table>

It will be noted that there was a sharp drop in the infant mortality rate beginning 1926. This rate was maintained until 1928. In 1929 there was another decrease. The figure of 30 deaths per 1000 births is highly creditable and may be taken as a significant indication of the city's sanitary status.
<table>
<thead>
<tr>
<th>YEAR</th>
<th>MARRIAGES</th>
<th>DIVORCES</th>
<th>ANNULMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1925</td>
<td>40</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>1926</td>
<td>33</td>
<td>58</td>
<td></td>
</tr>
<tr>
<td>1927</td>
<td>40</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td>1928</td>
<td>34</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>1929</td>
<td>30</td>
<td>51</td>
<td>1</td>
</tr>
<tr>
<td>YEAR</td>
<td>ESTIMATED POPULATION</td>
<td>NUMBER OF BIRTHS</td>
<td>BIRTH RATE</td>
</tr>
<tr>
<td>------</td>
<td>----------------------</td>
<td>------------------</td>
<td>------------</td>
</tr>
<tr>
<td>1925</td>
<td>6700</td>
<td>98</td>
<td>15</td>
</tr>
<tr>
<td>1926</td>
<td>6700</td>
<td>90</td>
<td>14.3</td>
</tr>
<tr>
<td>1927</td>
<td>6800</td>
<td>84</td>
<td>12.3</td>
</tr>
<tr>
<td>1928</td>
<td>6900</td>
<td>87</td>
<td>12.6</td>
</tr>
<tr>
<td>1929</td>
<td>7000</td>
<td>66</td>
<td>9.4</td>
</tr>
<tr>
<td>YEAR</td>
<td>NUMBER</td>
<td>PER 1000 LIVE BIRTHS</td>
<td>NUMBER</td>
</tr>
<tr>
<td>------</td>
<td>--------</td>
<td>-----------------------</td>
<td>--------</td>
</tr>
<tr>
<td>1925</td>
<td>6</td>
<td>61</td>
<td>3</td>
</tr>
<tr>
<td>1926</td>
<td>4</td>
<td>44</td>
<td>1</td>
</tr>
<tr>
<td>1927</td>
<td>3</td>
<td>35</td>
<td>2</td>
</tr>
<tr>
<td>1928</td>
<td>4</td>
<td>42</td>
<td>1</td>
</tr>
<tr>
<td>1929</td>
<td>2</td>
<td>30</td>
<td>2</td>
</tr>
</tbody>
</table>
CONTAGIOUS DISEASES

For the past five years (1925 to 1929) not a single death has occurred from Scarlet Fever, Measles, or Whooping Cough. Only one death has resulted from diphtheria, none from typhoid, Small Pox, Chicken Pox, Mumps or Erysipelas. Pneumonia has claimed 22, Influenza 7, Meningitis 1, Poliomyelitis 1, and Tuberculosis 36 over the five year period.

TYPHOID FEVER

Little need be said concerning the typhoid fever problem in Oregon City, as the figures speak for themselves. In the past five years, but seven cases have occurred with not a single death. The control of the typhoid problem has been taken up in another section.

PNEUMONIA

The rather high death rate of pneumonia (in comparison to other diseases) may be considered primarily of geographical and climatic origin. Exposure to the frequent rainy weather which this section enjoys probably alone explains the comparably high incidence of pneumonia.

To summarize this brief survey of the vital statistics of Oregon City, it is apparent that the general death rate of the city is somewhat below that for all registration cities of the state. Infant mortality and the acute contagious diseases, commonly used as an indication of the sanitary condition of a city, show
gratifyingly low death rates. Tuberculosis and pneumonia are about normal. Diseases such as Tuberculosis, Cancer and Organic heart disease are to be attacked thru the education of the public and early diagnosis. A health department, with a statistical department, a modern laboratory, a staff of physicians and nurses, and an organization freeing the health officers from administrative detail, so that he could work out larger policies, would ensure an adequate attack upon these problems in the future.
<table>
<thead>
<tr>
<th>Year</th>
<th>Smallpox</th>
<th>Chickenpox</th>
<th>Mumps</th>
<th>Pneumonia</th>
<th>Influenza</th>
<th>Meningitis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1925</td>
<td>5 0</td>
<td>8 0</td>
<td>7 0</td>
<td>6 5</td>
<td>4 1</td>
<td>0 0</td>
</tr>
<tr>
<td>1926</td>
<td>7 0</td>
<td>3 0</td>
<td>6 0</td>
<td>11 3</td>
<td>11 1</td>
<td>0 0</td>
</tr>
<tr>
<td>1927</td>
<td>2 0</td>
<td>6 0</td>
<td>1 0</td>
<td>4 3</td>
<td>5 1</td>
<td>0 0</td>
</tr>
<tr>
<td>1928</td>
<td>17</td>
<td>7 0</td>
<td>2 0</td>
<td>18 6</td>
<td>64 2</td>
<td>1 1</td>
</tr>
<tr>
<td>1929</td>
<td>7 0</td>
<td>10 0</td>
<td>2 0</td>
<td>15 4</td>
<td>18 2</td>
<td>1 0</td>
</tr>
<tr>
<td>Year</td>
<td>Poliomyelitis</td>
<td>Erysipelas</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>---------------</td>
<td>------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1925</td>
<td>0 0</td>
<td>1 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1926</td>
<td>0 0</td>
<td>1 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1927</td>
<td>0 0</td>
<td>1 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1928</td>
<td>1 0</td>
<td>1 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1929</td>
<td>1 1</td>
<td>1 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### OREGON STATE BOARD OF HEALTH

#### DEATHS (Exclusive of Stillbirths) From Each Cause, by Sex and Age: 1925

<table>
<thead>
<tr>
<th>Total</th>
<th>Age-Years</th>
<th>Color</th>
<th>Nativity</th>
<th>Conjugal Condition</th>
</tr>
</thead>
</table>

- **Cause of Death**:
  - Pneumonia
  - Tubercolosis
  - Congenital heart disease
  - Accidental death
  - Infantile paralysis
  - Broncho pneumonia
  - Other causes
  - Heart disease
  - Hypertension
  - Diabetes
  - Peritonitis
  - Other causes
  - Kidney disease
  - Cancer of the uterus
  - Cancer of the liver
  - Cancer of the bladder
  - Cancer of the kidney
  - Cancer of the brain
  - Cancer of the breast
  - Cancer of the stomach
  - Cancer of the mouth
  - Cancer of the lung
  - Heart disease
  - Asthma
  - Other causes

- **Population**

- **Oregon City**
  - Clackamas County
# Certificate of Birth

**Oregon State Board of Health**  
**Division of Vital Statistics**

1. **Place of Birth**
   - County ____________________________  
   - State ____________________________  
   - Township ____________________________  
   - No. ____________________________  
   - St. ____________________________  
   - Ward ____________________________  
   - City ____________________________  
   - (If birth occurred in a hospital or institution, give its name instead of street and number) ____________________________  
   - (If in country, give distance and direction from nearest town) ____________________________  
   - If child is not yet named, make supplemental report, as directed ____________________________

2. **Full name of child**

<table>
<thead>
<tr>
<th>Sex of child</th>
<th>To be answered (Only in event of plural births)</th>
<th>6. Premature</th>
<th>7. Legitimate?</th>
<th>8. Date of birth (Month, day, year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Full name</td>
<td>FATHER</td>
<td>18. Full maiden name</td>
<td>MOTHER</td>
<td></td>
</tr>
<tr>
<td>10. Residence</td>
<td>(Usual place of abode)</td>
<td>19. Residence (Usual place of abode)</td>
<td>If nonresident, give place and state</td>
<td></td>
</tr>
<tr>
<td>11. Color or race</td>
<td>12. Age at last birthday (years)</td>
<td>20. Color or race</td>
<td>21. Age at last birthday (years)</td>
<td></td>
</tr>
<tr>
<td>13. Birthplace (city or place)</td>
<td>(State or country)</td>
<td>22. Birthplace (city or place)</td>
<td>(State or country)</td>
<td></td>
</tr>
<tr>
<td>14. Industry or business in which work was done, as silk mill, sawmill, bank, etc.</td>
<td>15. Industry or business in which work was done, as housekeeper, typist, nurse, clerk, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Date (month and year) last engaged in this work, 19...</td>
<td>17. Total time (years) spent in this work, 19...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Date (month and year) last engaged in this work, 19...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Total time (years) spent in this work, 19...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

27. **Number of children of this mother (Taken as of time of birth of child herein certified and including this child)**:  
- (a) Born alive and now living: ____________________________  
- (b) Born alive but now dead: ____________________________  
- (c) Stillborn: ____________________________

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive at ____________________________ on the date above stated.

**Signature** ____________________________  
(Physician or midwife)

**Address** ____________________________  
(Month, day, year) ____________________________

**Filed** ____________________________

Registrar.
<table>
<thead>
<tr>
<th>County</th>
<th>City of</th>
<th>Street and No.</th>
<th>Name</th>
<th>Sex</th>
<th>Legitimate or other</th>
<th>Birthplace</th>
<th>Color</th>
<th>Father's name</th>
<th>Age</th>
<th>Mother's name</th>
<th>Occupation</th>
<th>Mother's maiden name</th>
<th>Color</th>
<th>Birthplace</th>
<th>Occupation</th>
<th>No. of children of this mother born alive and now living</th>
<th>No. of children of this mother born alive but now dead</th>
<th>Stillborn</th>
<th>Date of birth</th>
</tr>
</thead>
</table>


Oregon State Board of Health

Certificate of Death

1. PLACE OF DEATH
   County ______________________ State ______________________
   Township ____________________ or Village __________________
   City __________________________ No. ______________________
   (If death occurred in a hospital or institution, give its name instead of street number)
   How long in U.S., if of foreign birth? yrs. mos. ds.

2. FULL NAME
   (a) Residence: No. ____________ (Usual place of abode) St. ____________
   (If nonresident, give city and town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
4. COLOR OR RACE
5. Single, Married, Widowed or divorced (write the word)

6a. If married, widowed, or divorced
   HUSBAND of
   (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE
   Years ____________ Months ____________ Days ____________
   If less than 1 day, ___ hrs., ___ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, housekeeper, etc.

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
   (State or country)

13. NAME

14. BIRTHPLACE (city or town)
   (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
   (State or country)

17. INFORMANT
   (Address)

18. BURIAL, CREMATION OR REMOVAL
   Place ____________ Date ____________

19. UNDERTAKER
   (Address)

20. Filed ____________

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year)

22. I HEREBY CERTIFY, That I attended deceased from
    ____________ to ____________
    that I last saw him alive on ____________, ____________
    death is said to have occurred on the date stated above, at ____________
    The principal cause of death and related causes of importance in order of onset were as follows:

23. Contributory causes of importance not related to principal cause:

24. Was disease or injury in any way related to occupation of deceased?
    If so, specify

25. Name of operation

26. Date of

27. What test confirmed diagnosis?

28. If death was due to external causes (violence) fill in also the following:
   Accident, suicide, or homicide?
   Date of injury ____________
   Where did injury occur?
   (Specify city or town, county, and state)

   Manner of injury

   Nature of injury

   Place ______________________
   (Address) ______________________

   (Signed) ______________________
   M.D.

   (Address) ______________________
UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of housework, write housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8. The trade, profession, or particular kind of work done.
9. The industry or business in which the work was done.
10. The month and year the deceased last worked at the occupation.
11. The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employe," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kind of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance in order of onset were as follows:

Arteriosclerosis ........................................... 1915
Chronic interstitial nephritis .............................. 1921
Cerebral hemorrhage ..................................... July 5, 1927

Contributory causes of importance not related to principal cause:

Fracture of arm ............................................
Automobile accident ...................................... May 5, 1927

Example II

The principal cause of death and related causes of importance in order of onset were as follows:

Attack of epilepsy .............................................. 1 week ago
Run over by street car ...................................... 1 week ago
Peritonitis .................................................. 3 days ago

Contributory causes of importance not related to principal cause:

Influenza ................................................... 6 weeks ago

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in each of the above examples happens to be the second cause given.

Additional Space for Further Statements by Physician
Medical Certificate for Marriage License

STATE OF OREGON,
County of Clackamas.

I, .................................................. being first duly sworn, say that I am a physician duly authorized to practice medicine within the State of Oregon;

That on this ...................... day of ...................... 19 .... , I examined .................................................., a male person who is about to apply to a County Clerk of the State of Oregon for a Marriage License;

That from said examination I found said applicant to be free from contagious or infectious venereal disease.

Subscribed and sworn to before me this ...................... day of ...................... 19 ....
Medical Certificate  
for Marriage License  

Applicant.  

Filed 192  

County Clerk,  

By Deputy.
MILK

Milk is a very important factor in the spread of communicable disease. Most dangerous of all is the possibility of transmission of tuberculosis from cow to man, especially babies and young children. A frequent source would be the infection of the cows by handlers and in turn the spread of the disease through the cows' milk. Consequently it is necessary that regular inspection of dairies as regards cleanliness, tuberculin tests, handlers, etc. should be carried out, if not by the state, at least by the community. The situation in Oregon City is not at all perfect as the following survey will show.

Of the seven dairies which supply the bulk of milk used by the community only one, the Hazelwood, pasteurizes its milk; although according to the city ordinance all licensed dairies must pasteurize.

Conditions extant at the Claremont Dairy:

The dairy is located one mile from town, had 45 cows of mixed breeds and one truck. The cows are kept in rack stalls in long rows with adequate sanitary arrangements for disposal of manure, as far as the barn itself is concerned. The cows are milked by machine and the milk bottled by a machine and two handlers in an adjoining shed immediately after being extracted from the cows. The bottling room is well-screened and kept strictly clean throughout. The cows are given tuberculin tests regularly as per state regulation. The handlers do not have periodic physical examinations. Out side of the barn windows there is a small pile of manure. When this reaches a certain size it is carted to a large manure rack about 25 feet square some 25 yards from the barn. This is exposed to the elements the year around but is paled in the accepted sanitary manner prohibitive to fly breeding.
The milk from all the dairies is checked regularly for bacteria by the County health service. Following are examples of bacterial counts from the Claremont Dairy:

<table>
<thead>
<tr>
<th>Date</th>
<th>Count per cc</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-6-29</td>
<td>3500</td>
</tr>
<tr>
<td>9-23-29</td>
<td>4000</td>
</tr>
<tr>
<td>11-20-29</td>
<td>8300</td>
</tr>
<tr>
<td>2-9-30</td>
<td>2100</td>
</tr>
<tr>
<td>10-11-30</td>
<td>25000</td>
</tr>
<tr>
<td>1-15-31</td>
<td>1100</td>
</tr>
</tbody>
</table>

(milk which had set for day)

Criticisms: There are no regulations made for grading or certifying milk; the only protection to the people being thru continued bacterial counts by the public health service. In regard to these, it has been the experience of the county health service that the milk supply for Oregon City has been of an excellent grade in spite of the laxity of restrictions in the manufacture and distribution of the milk. The milk supply is certainly not managed according to the most modern public health standards.

Recommendations:

1. The milk license ordinance should be enforced—this includes pasteurization of all milk sold.

2. Biannual physical examination of workers connected with the supply of milk to the community.

3. More strict supervision of dairies in regard to the existing condition of sanitation, manure disposal, etc.
Photograph of Claremont Dairyma...showing manure to left.

Oregon City milk license ordinance.
License Ordinance.

ARTICLE XX.

Wood saws.

Sec. 1. It shall be unlawful for any person firm or corporation, owning or operating any wood saw by steam, electric, gasoline, or other power capable of operating the implement or machine commonly termed "power wood saw" on any street or alley within the corporate limits of Oregon City without first obtaining a license. Said license to be issued for not less than one year.

ARTICLE XXI.

Milk License.

Sec. 1. It shall be unlawful for any person, firm or corporation, excepting those purchasing milk or cream in sealed standard bottles in Oregon City from a licensed milk dealer, and selling the same without opening the bottles, and operators of fountains, restaurants or hotels, serving milk as a part of lunches or meals only, to sell or keep for sale in Oregon City any milk or cream without first obtaining a license hereinafter provided and complying with the provisions of this article.

Sec. 2. Any person desiring a license to sell, dispose of, or keep for sale, any milk or cream within Oregon City shall first make application in writing to the City Recorder, which application shall set forth with reasonable certainty the following:

1. The name and place of location of the business of applicant, if said applicant is a producer of milk or cream, the location of the dairy which produces the milk of cream; if the applicant is not a producer of milk or cream the name of the person or persons from whom he obtains or is about to obtain milk or cream and the location of the herd of dairy producing the same.

2. That the applicant has a certificate from the State Dairy and Food Commissioner showing:

(a) That the cows from which said milk or cream is produced have passed the tuberculin test provided for by the laws of Oregon.

(b) That the stables or barns in which said cows are kept are well ventilated and thoroughly cleansed and kept in good health condition, and that such cows when kept therein are allowed at least 500 cubic feet of air space each and are not confined facing each other closer than 10 feet.

(c) That the process of milking said cows is had and done in a clean and orderly manner, and that the milk produced from such cows is properly strained and cooled, so as to produce wholesome food.

(d) That the applicant is using a pasteurizing plant and that such plant has been inspected and found to be in perfect operating condition, and is producing wholesome milk and cream.

3. That the applicant will not sell or offer for sale any milk or cream other than that authorized under the certificate of inspection held by said applicant.

4. That the applicant will cause said dairy, dairy herd, stables and other equipment to be inspected by like authority at least once in every six
months thereafter, and produce to the city recorder a certificate showing
the condition of his herd, stable and equipment, to be as required in Section
2, paragraph 2 of this Article.

5. That the applicant has complied with all laws of the State of Oregon
with respect to registration of trade marks and containers.

6. The number of quarts per day to be marketed by applicant.

Sec. 3. Upon payment of the required fee, as hereinafter provided, the
Recorder shall issue a license setting forth the license number and the date
of the expiration of said license, and said license number shall be legibly
placed in a conspicuous place on the side of each carriage, wagon or other
vehicle used by him in the sale or distribution of milk or cream.

Sec. 4. Every person who shall sell or offer for sale milk or cream
in Oregon City, shall place a label upon the containers of said milk or
cream or, if sold in bottles, the same may be placed upon the caps thereof,
plainly stating the name of the dairy or place where such milk or cream
is produced, or if pasteurized and the (number of the Oregon City license
under which such person is operating).

Sec. 5. If upon demand by the Chief of Police, such licensee shall be
unable within ten days for any reason to produce a certificate as herein
provided, the commission may revoke such license.

Sec. 6. No person shall sell or deliver or expose or hold for sale in
Oregon City for human food, any milk from which the cream or any part
thereof has been removed, unless the same shall be contained in cans or
bottles plainly labeled.

Sec. 7. Upon examination by the City Health Department should any
milk or cream be found to contain a bacterial count in excess of 30,000
per cubic centimeter or the presence of colon bacilli and the milk found
to be dirty, the sale of milk by such persons, firm or corporation his license
shall be suspended until the bacterial count shall be reduced to within the
maximum allowable limit, and colon Bacilli and evidence of dirt removed
from the milk.

Any milk sold or delivered to customers in quantities less than one
gallon at one time shall be in standard glass bottles labeled and sealed as
provided by the laws of the State of Oregon.
THE FLY PROBLEM

Flies are responsible to a great extent as agents for the transmission of germs of communicable disease. Filth of all kinds furnishes conditions favorable to the breeding of flies. Such conditions are provided whenever human excreta is exposed. The role of unprotected privy vaults has already been taken up. Undoubtedly another source of risk lies in the surface sewer outlets of the community. Inasmuch as the sewage is not filtered or treated chemically before being emptied into the river, flies may easily carry germs of typhoid fever to food.

Another favorite breeding place of the house fly is stable manure. Fortunately this is a problem which does not directly concern the city. Few horses are kept within the city limits. All the stable quarters visited were cleanly kept, covered boxes being used for the temporary storing of manure. A city ordinance provides for the temporary storage of stable manure in fly proof pit or boxes. In the outlying districts of the city several exceptions were noted to this ordinance which was apparently not being strictly enforced. Such exceptions constitute a serious menace to public health and nullify the good done by those individuals who comply with the law.

Most of the farms visited on the outskirts of the city maintained their stables in good conditions. Manure is collected from the stable every one to three days. If it
is not immediately used as fertilizers it is stored in fly proof pits or boxes. According to the county health officer, whenever sanitary conditions were not maintained in stables, the condition was usually due to the owners or occupants. When approached on the matter they showed excellent cooperation in making the necessary precautions to prevent the spread of disease.

The control of the fly nuisance will always be an acute problem in an agricultural and industrial community such as this. The negligence with which the ordinance pertaining to flies is enforced will undoubtedly yield corresponding results in maintaining the health of this city. Two important factors in the anti fly campaign which were recommended are:

1. Manure bins with floors that can be easily and frequently cleaned.

2. Stables with water tight floors

3. More rigid enforcement of the fly ordinance in the outlying portions of the city by frequent inspection is also recommended.
An Oregon City residence showing proximity of lavatory.

Another residence showing manure pile in back yard.
Lavatory some 50 feet from residence showing open door and open latrine.
INDUSTRIAL SURVEY: THE HAWLEY PULP & PAPER COMPANY

In 1908 the initial unit of this company was organized at Oregon City. Various grades of wrapping papers, newspaper, fruit and bread wrappers, tissue and toweling paper were manufactured. At the present time there are nine units with four machines, warehouses and shipping rooms.

Number 4 machine is housed in a reinforced concrete building 397 feet long and 90 feet wide and four stories high. It also houses finishing and shipping departments, wet machines, engine, and 7 beaters.

For fire protection there is an automatic sprinkler. In general the workmen in the mill are well paid and protected against accidents. First there is the Oregon Workmen's Compensation Act. Also there is some arrangement made with the National Hospital Association under which the skilled workmen are cared for. The skilled workmen, getting about 7 dollars a day, most of them owning their own automobiles and homes, are well able to pay for this. The more or less transient laborers and unskilled workmen get only about half that wage, seldom own a car or home. If they own their home it is usually of the poor tumble down type and such workmen consequently complicate the sanitary problem of the city. The transient labor employed by the mill naturally form a constant venereal source of venereal disease and crime for the city's inhabitants.

Those men working in the paper rooms where the rollers press the paper are in constant danger as they climb among the gears and rollers. Those in the sulphur mill and in the pulp plant work continuously in an atmosphere permeated with acid and sulphur fumes and dampness. There is a dirth of fresh air and light here and the building itself is old and rickety.
INDUSTRIAL SURVEY (CONT'D)

Mill (A) is well built, but it too affords ample place for accidents.

In 1929 there was an average number of 545 employees. There were 318 accidents for the year, 27 per month, 14 of which caused of working time on account of injuries inflicted.
COMMUNICABLE DISEASES

List of diseases immediate notification of which is required:

1. Chicken pox
2. Diphtheria
3. Epidemic meningitis
4. Measles
5. Infantile paralysis
6. Scarlet fever
7. Smallpox
8. Typhoid and paratyphoid fevers
9. Septic sore throat
10. Ophthalmia neonatorum
11. Any rare or unusual disease which is of importance to the public

List of diseases to be reported but immediate notification of which is not required:

1. Dysentery
2. Epidemic influenza
3. Pneumonia
4. Malaria
5. Pellagra
6. Tuberculosis of any type
7. Whooping cough
8. Lethargic encephalitis
9. Mumps
10. Erysipelas
11. Trachoma
12. Favus
13. Puerperal septicemia
14. Impetigo
15. Scabies
16. Vincent's Angina
Communicable diseases (cont’d)

Quarantine regulations:

These are left to the judgment of the County Health Officer.

e.g. Scarlet fever: 3-6 weeks
Typhoid fever: 2 negative stools
Small pox: until lesions disappear

Method of disinfection and fumigation:

Formaldehyde only is used **for** fumigation:

a. Must be above room temp.
b. Must be in a moist atmosphere
c. Time of exposure—overnight
d. Great concentration
e. Room must be kept sealed

Measures taken to prevent spread of tuberculosis

1. Contacts are watched by the school nurse

2. T.B. clinics are held periodically under the auspices of the P.T.A in cooperation with the doctors of the city.

3. Cases of tbc. are supposed to be reported immediately by the doctors—of course inaccurate diagnoses prevents the efficiency of this measure

Measures taken to prevent epidemics

1. School nurse reports all cases of sickness, sends them home and keeps close watch.

2. Throat cultures of all sore throats are taken by the school nurse and sent to the state laboratories.

3. The County Health Officer is kept informed on all such activities and proceeds accordingly.
Communicable diseases (cont'd)

4. Every year there are vaccination campaigns carried on in the schools and city. The vaccination efficiency of Oregon City is about 75%.

Venereal diseases

There are no regulations in Oregon City regarding reporting and control of venereal disease.

Criticism and Recommendations:

1. The notification, quarantine, and disinfection methods used are adequate.

2. The detection of tuberculous individuals, contacts, and observation is handled correctly by the school nurses.

3. However, after tuberculosis is discovered the procedure henceforth is very inadequate as it is elsewhere in the state. There is a quite efficient educational program, a free clinic and follow up procedure, including a visiting nurse and County Health Officer. But there is no proper place for hospitalization of those more seriously ill with tuberculous patients; only very slight amount of charity in the private hospitals which are not properly equipped anyhow, no sanatoria except at the state capital which is notoriously always full, no special schools for tuberculous patients, nor any open air schools.

4. Vaccination should be required by law.

5. Toxin-antitoxin injection should be required of all children attending public or private schools.
Communicable diseases (cont'd)

Venereal diseases

There are no regulations in Oregon City regarding reporting and control of venereal disease.

Criticism and Recommendations:

1. There should be an effective method for the early detection of syphilis in order to prevent the spread of the disease.
2. The current methods of treatment are not always effective.
3. There is a need for more education about venereal diseases.

Recommendation: A comprehensive program should be implemented to address the issues raised.

additional notes:
Communicable diseases (cont'd)

6. Venereal diseases:

a. All patients with known venereal disease and who refuse treatment should be reported to the county health officer and required to take treatment.

b. In order to enforce this measure there would necessarily have to be free laboratory service physicians and free arsenicals.

c. A free clinic should be established under control of the city and county health officer where such procedure could be carried out.

d. Education of parents and children should be done more openly. Placards and notices regarding venereal diseases placed in lavatories are absolutely worthless.
## Cases of Venereal Diseases

<table>
<thead>
<tr>
<th>Year</th>
<th>Syphilis</th>
<th>Gonorrhea</th>
<th>Chancroid</th>
</tr>
</thead>
<tbody>
<tr>
<td>1925</td>
<td>1</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>1926</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>1927</td>
<td>1</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>1928</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>1929</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>DISEASE</td>
<td>NAME OF PATIENT</td>
<td>ADDRESS—P. O. OR STREET</td>
<td>RACE</td>
</tr>
<tr>
<td>---------</td>
<td>----------------</td>
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</tbody>
</table>

Date ____________________________________

Please list above your cases of reportable diseases for the past week. Mail immediately.
If you have had none, please return card just the same.
SCHOOLS

Sanitation of School Building

The school inspected during our survey was the Oregon City High School. The building is a modern one of brick construction, capable of caring for approximately one thousand students. Excellent cooperation is maintained between the school board and the County Health Officer in the supervision of sanitary conditions within the building.

Ventilation of the building is provided for by a gravity system. Individual teachers are held responsible for the condition of the air in their respective rooms. The temperature is required to be maintained at 68°. None of the classrooms visited appeared to be overcrowded. The rooms were adequately lighted in every respect. The rooms are supplied with adjustable desks, thus enabling each child to have the proper postural position. Such desks do much toward preventing postural deformities in later life.

The drinking fountains inspected were very satisfactory. They are of the upright type and flow continuously. The water flows off at an angle, so that after being in contact with the mouth, falls into the basin and not on the top of the spigot.

The toilets are excellent and are maintained in a very satisfactory condition from a standpoint of cleanliness and sanitation. Paper towels are used throughout the school. No common drinking cups were observed.
SCHOOLS

Sanitation of School Building Cont'd.

The general cleanliness of the floor, windows, etc. was excellent. The floors are swept once each day by the school janitor. The students and teachers also take individual pride in maintaining the cleanliness of their rooms.

No special room is maintained for weak, anemic or physically inferior children. Such a room should be kept with the windows open in which special classes are held. Special instructions in regards to personal care should be given to these children along with the regular curriculum. Warm covers and hot drinks should be provided also for this type of child.

Additional special classes should be provided for children below par mentally and for those having defects of speech.

Excellent facilities are provided for recreation and physical development. Each student is required to take a course in physical education unless physically unfit. Open air play grounds adjoin the building where classes are held when the weather permits. The more robust can participate in inter school athletics.

Medical School Inspection

Medical school inspection is provided by one physician and two nurses. The Physician is the county health officer, while the nurses are provided by the school board.
SCHOOLS
Medical School Inspection Cont'd.

The county health officer inspects the schools at least twice a year. Examinations are made by the school nurses about twice a month. Examination by the doctor includes eyes, ears, nose, throat, teeth and cervical lymphnodes. The heart and chest are also gone over. The examination by the school nurse is obviously more superficial.

Whenever defects are discovered, a form is filled out and signed, calling attention to the fact, with the advice to the parents that the child should receive the attention of the family physician. Follow-up work of the child's condition is made by the school nurses.

In any emergency cases such as accidents or suspicious contagious diseases, the county health officer is called.

Vaccination for smallpox is only required when a case is discovered in the school. Vaccination is however encouraged thru the educational program of the local county health association.

The diseases for which children are excluded from School are:

- Chicken pox
- Diphtheria
- Epidemic meningitis
- Measles
- Infantile Paralysis
- Scarlet Fever
- Smallpox
- Typhoid and paratyphoid
- Septic sore throat
-
SCHOOLS

Medical School Inspection Cont'd.

Epidemic Influenza
Pneumonia
Malaria
Tuberculosis (all forms)
Whooping Cough
Lethargic Encephalitis
Mumps
Erysipelas
Trachoma
Impetigo
Scabies

Recommendations:

1. Medical inspection of all school children by a physician at least once every three months.

2. Medical inspection by a physician of each new student, regardless of when he enters school.

3. Establishment of a central school clinic where free medical attention is given by competent individuals.

4. Establishment of a central dental clinic where free dental care is given.

5. Educational program, instructing both parents and children in the control and spread of disease. Health talks in the schools by county health officers and nurses.
Oregon City's modern high school

Playground of one of Oregon City's grade schools.
MISCELLANEOUS

Markets:

There is one public market in Oregon City. The dispensation of the various is carried out in a satisfactory manner. There are no laws requiring inspection either of the food or the handlers.

Slaughter houses and meat inspection:

Meat inspection is not extant at all i.e. in any practical way. Inspection of all slaughter houses are made by the state inspector. This however does not include the farms about Oregon City from which the town gets the bulk of the meat supply.

Kitchens of hotels and restaurants:

These vary in the matter of sanitation from good to very bad. City ordinances require licenses only: no inspection being carried out.

Barber shops:

Barbers are not required to be licensed. Sterilizers are not used in any of those visited.

Diagnostic laboratory, meat inspection, etc. are all provided for by the state as far as Oregon City is concerned.

Food and drug administration is also controlled by the state laws.

Recommendations:

1. A public slaughter house should be established to derive upkeep from slaughtering fees.

2. A local inspector of meat, markets and kitchens of hotels and restaurants should be hired by the city.
Miscellaneous (con'd)

3. Score cards of cleanliness in all food dispensing establishments. Ref: Health Survey of New Haven.

4. Require by city ordinance that barbers must be licensed and must sterilize instruments before use on a new customer.

5. Periodic medical inspection of food handlers and barbers.
ARTICLE VI.

Food Establishments.

Sec. 1. DEFINITIONS: The term “food establishments” whenever used in this article shall mean and include hotels, restaurants, cafeterias, boarding houses, delis and places where meals are served to the public.

The word “person” whenever used in this article shall mean and include any person, firm or corporation who is the owner, proprietor or manager of any such establishment.

Sec. 2. LICENSE: It shall be unlawful for any person to open for business, conduct or maintain or cause to be opened, conducted or maintained, any food establishment in the City of Oregon City without first securing a license therefor as provided by this ordinance. No license shall be issued by the City Recorder for a food establishment until the application therefor has been investigated and approved in writing by the Chief of Police or by the Commission.

Sec. 3. DOUBLE LICENSE NOT REQUIRED: Any person conducting both a food and another establishment requiring a license at the same location shall not be required to obtain or pay for more than one license, but he shall pay the highest fee applicable.
License Ordinance.

ARTICLE V.

Hotels, Rooming Houses and Lodging Houses.

Sec. 1. LICENSE REQUIRED: No person shall conduct, keep, manage, or operate or cause to be conducted, kept, managed or operated, either as owner, lessor, lessee, agent or attorney, any hotel, rooming house or lodging house within the corporate limits of the City of Oregon City without having first obtained a license from the City of Oregon City so to do.

Sec. 2. DEFINITIONS. For the purpose of this article the word "Person" shall mean and include natural persons, co-partnerships, corporation and associations and shall include persons of both sexes. The word "house" shall mean and include hotels, rooming and lodging houses where rooms are equipped for sleeping purposes and are rented for periods of less than thirty days.

Sec. 3. INVESTIGATION OF LICENSES: The Chief of Police shall examine into and investigate the character and qualifications of applicants for licenses within the meaning of this article and report to the Commission his recommendation as to whether or not a license shall be issued to such applicant.

Sec. 4. RIGHT TO REVOKE LICENSE: Nothing in this article contained shall be construed to deprive the Commission of power to revoke any license issued as heretofore provided.

Sec. 5. QUALIFICATIONS OF LICENSEES: No license shall be issued to any person to conduct a hotel, rooming house or lodging house within the City of Oregon City unless such person is ofascertained good moral character, and can read, speak, write and understand the English language; and when application for such license is made, the applicant shall present himself in person to the City Recorder and at such time shall present to the City Recorder satisfactory proof of good moral character, and ability to read, speak, write and understand the English language. When application for license is made by or on behalf of a co-partnership, corporation or association, such application shall be made by the manager, officer, agent, or other person who will have the charge and management of such hotel, rooming house or lodging house.

Sec. 6. LICENSE NON ASSIGNABLE: No license issued as in this article provided shall be transferred or assigned.

Sec. 7. HOUSES OF ILL FAME ETC: No person to whom a license shall be issued, as provided in this article, shall suffer or permit the hotel, rooming house or lodging house to which such license relates, to be used as a house of ill fame, brothel, bawdy house or disorderly house, for the purpose of prostitution, fornication or lewdness; or suffer any lascivious cohabitation, adultery, fornication or other immoral practice to be carried on therein.

Sec. 8. HOTEL REGISTER. Every person to whom a license shall have been issued to conduct a hotel, rooming or lodging house shall at all times keep a standard hotel register, in which shall be inscribed the names of all guests or persons renting or occupying rooms in such house, which register shall be signed by the person renting a room or rooms, or by someone under his direction. Such registration must be made, and after the name or names so inscribed or registered, the manager of the house, or his agent, shall write the number of the room, or rooms, which such guest or person is to occupy, together with the time when such room is rented. All of which shall
be done before such person is permitted to occupy such room or rooms. Such register shall be at all times open to inspection by any guest of the house wherein such register is kept and to any executive or peace officer of the City of Oregon City or of the State of Oregon.

Sec. 9. REGISTRATION IN TRUE NAME. It shall be unlawful for any person to write or cause to be written in any hotel register any other or different name than the true name of such person, or the name by which such person is generally known.

Sec. 10. USE OF ROOMS BY OPPOSITE SEXES: No room shall be assigned to two persons of the opposite sex, except in the case of children accompanied by parent or guardian, unless such persons shall be registered as husband and wife.

Sec. 11. NUMBERING OF SLEEPING ROOMS: Any person to whom a license shall have been issued, as provided in this article shall cause each sleeping room and apartment in such house to which such license relates to be numbered in a plain and conspicuous manner, the number to be placed on the outside of the door to such room, and no two such doors shall bear the same number.

Sec. 12. LIABILITY FOR VIOLATION: Where a license shall have been issued to any co-partnership, corporation or association to conduct a hotel, rooming house or lodging house, any person having charge, management or control of such hotel, rooming house or lodging house shall be liable to prosecution for any violation of this article.

Sec. 13. EVIDENCE OF VIOLATION: For the purpose of determining the liability of any person or persons to prosecution for violation of any of the provisions of this article it shall be sufficient to show that such person was at the time of the act of violation complained of, the person in actual charge, management or control of the house in which such act is alleged to have been committed.

Sec. 14. When a license is issued it shall contain the nationality of the licensee and he shall keep the same conspicuously displayed. If an alien, he shall also have displayed therewith a card or sign showing the nationality of his employees.

Sec. 15. REVOCATION OF LICENSE: The Commission may cancel any license issued hereunder for violation of any provisions hereof. Before such cancellation, however, the licensee shall be notified, and shall have a hearing before the Commission, if demanded.

Sec. 16. It shall be unlawful for any person, persons, firm or corporation who conducts a hotel, rooming house, lodging house or restaurant under this ordinance to permit gambling, or drinking of intoxicating liquor, in said hotel, rooming house, lodging house or restaurant.

Sec. 17. It shall be unlawful for the owner or proprietor of any restaurant adjoining or connected to a lodging house or a hotel in Oregon City, Oregon, to play, or to permit music to be played after 11 o'clock p. m.
PUBLIC HEALTH EDUCATION

The problem of Public Health Education is conducted by the Clackamas County Health Association, which meets and has its headquarters in Oregon City. Monthly meetings are held, to which the general public is encouraged to attend. Health talks are made by local physicians and nurses.

By means of the Visiting Nurse Association, the individual homes are reached in the more outlying districts. This work of the visiting nurse is perhaps the most direct and most fruitful form of public health education. However, it should be supplemented by a well conducted campaign in which printed matter, lectures and exhibits are used. In the line of special literature (samples of which are included), the Association has excellent pamphlets in regard to typhoid fever, tuberculosis and other diseases, as well as leaflets on advice to housekeepers, care of milk in the home and infant feeding.

As yet, little use has been made of the newspapers as a means for interesting the general public in health matters. This is a rather unfortunate circumstance, as a great deal may be accomplished via the press in educating the public in the control and spread of disease. A public health campaign conducted by the press would undoubtedly yield fruitful results by encouraging better standards of living and giving expert advice on special subjects pertaining to public health and sanitation.
PUBLIC HEALTH EDUCATION Cont'd.

An excellent start has been made by the County Health Association along the various lines of public health education. If this policy is continued and improved in the future gratifying results are bound to be forthcoming. Especially in regard to the constitutional diseases of adult life such as heart disease, tuberculosis and cancer, much can be accomplished by education in the principles of personal hygiene.

Recommendations:

1. That further funds be provided to enlarge the personal and activities of the County Health Association.

2. That the press be utilized to the fullest extent in order to bring the vital nature of Public Health Education before the general public.

On the following pages are examples of some of the literature distributed by the County health officer to further public health education.
REPORT OF CLACKAMAS COUNTY

JULY 1, 1928, TO JUNE 30, 1930, INCLUSIVE

The Clackamas County Health Unit has been particularly interested in diphtheria immunization, vaccination against smallpox, and correction of defects among school children. In addition to this it was concerned with every public health activity peculiar to this community. In addition to this, much time was spent in the care of the indigent sick, who in many instances required hospitalization. Insane hearings, feeble-minded examinations and visits to both the county and city jails were made by the health officer.

It was during this biennium that the county court and the Oregon City commission took over the entire support of the unit since federal and other aid has been entirely withdrawn. There are, however, two other sources of revenue, the Clackamas County Health Association, which lends its support to the dental clinic, and also the Oregon State Board of Medical Examiners.

Inasmuch as the county covers a large area much time must be spent on the road traveling from place to place. Numerous health educational talks have been made throughout the county. Very often it has been necessary to spend an evening with various community and parent-teacher organizations. Several of the dentists have also given of their time in this respect. An exhibit has been maintained at several fairs.

There have been no severe epidemics although all of the common contagious and communicable diseases have occurred. It appears that the incidence of diphtheria is being markedly decreased due to the extensive immunization that is being carried on. During the last six months of this biennium there has not been a single case of diphtheria from which a positive culture was obtained.

With respect to general sanitation it may be said that the unit is very much in need of a full-time sanitary inspector. The two county nurses endeavor to visit all of the public schools, submit water samples and report to the school directors on necessary improvements. Community water supplies are inspected by the health officer assisted by the state's sanitary engineer. The same applies to auto and industrial camps. Assistance in the inspection of dairies and restaurants is obtained from the State Food and Dairy Commission. All laboratory examinations are made by the State Board of Health whenever required.

Numerous infant and preschool clinics have been held with the result that many defects have been corrected. Provisions for the care of expectant mothers have been made by the nurses in many cases. Clackamas county is particularly fortunate in having the aid of the Portland Free Dispensary and the Doernbecher Children's Hospital for the treatment of many of its poor. Additional office space has recently been obtained, which has been much needed. This will facilitate the installation of permanent dental equipment and give the much-needed space for minor surgical operations.

Summary of specific activities of the Unit follows:

<table>
<thead>
<tr>
<th>ADMINISTRATIVE</th>
<th>EDUCATIONAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office conferences</td>
<td>Lectures and talks by health officer and nurses</td>
</tr>
<tr>
<td>Office letters sent out</td>
<td>Lectures and talks by health officer and nurses</td>
</tr>
<tr>
<td>Hours kept by health officer</td>
<td>Attendance at lectures</td>
</tr>
<tr>
<td>Hours kept by first nurse</td>
<td>Literature distributed</td>
</tr>
<tr>
<td>Hours kept by second nurse</td>
<td>Press articles</td>
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<tr>
<td>Telephone calls</td>
<td>Exhibits and demonstrations</td>
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<tr>
<td>Mileage, health officer</td>
<td>Classes in first aid</td>
</tr>
<tr>
<td>Mileage, first nurse</td>
<td></td>
</tr>
<tr>
<td>Mileage, second nurse</td>
<td></td>
</tr>
</tbody>
</table>

Sig. 3
EPIDEMIOLOGY
Cases reported .................................. 1,294
Cases quarantined ............................... 221
Cases investigated by health officer .... 417
Diphtheria immunizations ........................ 1,305
Scarlet fever immunizations .................. 38
Typhoid fever immunizations .................. 11
Whooping cough immunizations ............... 31
Smallpox vaccinations .......................... 2,182

CONTAGIOUS DISEASES
Scarlet fever .................................... 48
Typhoid fever ................................... 9
Diphtheria ...................................... 25
Smallpox ........................................ 142
Whooping cough .................................. 58
Chickenpox ....................................... 126
Measles .......................................... 145
Tuberculosis ..................................... 28
Venereal diseases ............................... 37

GENERAL SANITATION
Inspection of auto camps ....................... 107
General inspections ............................. 31
Dairy inspections ............................... 96
Restaurant inspections ......................... 25
Water supplies (including schools) ......... 165
Nuisances abated ................................ 23
Sewer connections ............................... 10

INFANT AND CHILD HYGIENE
Nurses on duty ................................... 2
Nursing calls made ............................... 248
Pre-natal calls made ............................ 319
Maternity calls made ............................ 105
Infant and child welfare visits ............... 796
Nurses conferences with parents ......... 1,350
With teachers ..................................... 1,810
Child health clinics ............................. 71
Attendance at clinics ........................... 881
Women referred re; pre-natal letters ....... 67

LABORATORY EXAMINATIONS
Wasserman tests ............................... 63
Smears examined ............................... 10
Diphtheria cultures ............................. 272
Sputum examined ................................ 35
Water analysis .................................. 220
Milk analysis ................................... 61

SCHOOL HEALTH SERVICE
School inspections ............................. 271
School children examined ...................... 5,336
Defects corrected ................................ 1,654
School children visited by nurses ......... 2,193
Pupils treated by H. O. ......................... 233
Health talks in schools ......................... 1,164
Attendance ....................................... 9,052
Dental clinics ................................... 90
Attendance ....................................... 876
Children examined for Blue Ribbon honor roll ......... 3,242
Examined for 4H club work .................... 316

COUNTY COURT
Lunacy examinations, conducted by county court ..... 47
Feeble-minded examinations, conducted by county court .... 23
Children examined for state Training school, for county court .... 26
Visits made to homes of county poor ......... 647
Number of prisoners treated .................. 53
Visits to city and county jails ............... 78

HOSPITALS
Patients in hospitals during this period .... 1,350
Visits made by H. O. to patients in hospitals .... 357
Tonsillectomies performed at hospitals .... 15
Tonsillectomies performed at office ......... 145
Other operations (major, 20); minor, 7 .......... 27

COOS COUNTY HEALTH DEPARTMENT
JULY 1, 1928, TO JUNE 30, 1930

During the two years ending June 30, 1930, no changes in policy of the department have been made. Special stress has continued to be laid on control and prevention of communicable disease, child hygiene and welfare, school hygiene and examination of school children. The routine work in the field and office has continued as in the past. The amount of care necessary for county dependents in the county jail, county farm and in homes has increased somewhat.

One of the new projects that has been started and carried on with considerable success is a dental survey of nearly all of the schools of the county. This was made possible by the excellent cooperation of the local dentists who gave freely of their time. This arrangement cost the department very little and made possible a free dental examination for many children unable to pay for such services. These surveys were followed up in many of the schools by contests between the schoolrooms for the correction of teeth defects, several rooms showing 100 per cent corrections. Children unable to afford corrections were taken to the dentist of their choice and the work paid for out of the funds of the County Health Association.
Dear Patron:

It is the aim of the Clackamas County Health unit and
school to teach children habits that will help
them to be healthy, happy
girls and boys.

Knowing this to be of
great importance to you
we are hoping for your
cooperation. Please note
the following points on
your child's health re-
port card and help him to
help himself.

Yours truly,

_____________________
Teacher

_____________________
Nurse

HEALTH RULES

1. Be clean. Take a
bath more than once
a week.

2. Wash your hands be-
fore each meal.

3. Carry a clean hand-
kerchief.

4. Brush your teeth at
least twice a day -
always at night.

5. Visit your dentist
at least once a year.

6. Keep fingers and
other things out of
your mouth, ears,
eyes, and nose.

7. Drink four glasses of
water each day but no
tea or coffee.

8. Eat fresh and cooked
vegetables and fruit
daily.

9. Drink slowly at least
two glasses of milk
each day.

10. Be your height! Stand
tall! Chin in -
stomach in - chest out!

11. Play outside or with
windows open part of
each day.

12. Sleep long hours with
the windows open.

SLEEP ENOUGH

The body repairs
and builds itself
while you are
asleep.

<table>
<thead>
<tr>
<th>Age</th>
<th>Hours required</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-6-7</td>
<td>11 to 12</td>
</tr>
<tr>
<td>8-9-10</td>
<td>10 to 11</td>
</tr>
<tr>
<td>12-13</td>
<td>9 to 10</td>
</tr>
<tr>
<td>14-15</td>
<td>8 to 9</td>
</tr>
</tbody>
</table>

__________________________
Height____________________

Should weigh___________

Weight_______________

Please sign and return

__________________________
BEWARE THE ROLLER TOWEL!

NATIONAL COMMITTEE FOR THE PREVENTION OF BLINDNESS, INC.
130 EAST TWENTY-SECOND STREET, NEW YORK
AT FIRST THERE MAY BE BUT LITTLE PAIN, ONLY A
FEELING AS THOUGH SOMETHING WERE UNDER THE
LID, SCRATCHING THE EYE. THE EYE WATERS AND
GETS A LITTLE RED. IF PROMPTLY AND PROPERLY
TREATED AT THIS STAGE A COMPLETE CURE IS POSSIBLE. BUT IF NEGLECTED, IT SOON WILL SO BLIND
THE PATIENT THAT HE CANNOT DO ANY WORK AND
HE BECOMES A DANGER TO OTHER PEOPLE. ULCERATION FOLLOWS AND CAUSES TOTAL BLINDNESS, AND
EVEN THEN SEVERE PAIN SOMETIMES MAKES IT NECESSARY TO REMOVE THE EYE.

On the other hand, the eyes improve so much after a few treat-
ments that the patient, feeling relieved, thinks it is safe to stop his
visits to the doctor; this is very unwise because the trouble may
recur without notice to him and then it may be very hard to save
his eyes. Treatment should never be stopped until the doctor says
there is no further danger.

People living in thickly settled districts in Europe have been
brought up under poor conditions as compared with the conditions
in this country. When they come to make their homes with us
they often bring this disease with them. Some years ago Uncle
Sam recognized this, and since then has not permitted those suffer-
ing from it to enter the country. Many states make the doctors
report every case of trachoma so that treatment may be given in
time to prevent the disease from spreading.

Health authorities urge that all school children be examined
and that special classes be arranged for children who have this trouble
so that other children may not be exposed to the infection.

School children, factory workers, and people using household
things in common often catch this disease from each other. Those
who have it are a danger to their families and fellow-workers.
Many people have it and do not know it, as it is not easy to recognize
it in the early stages. The best way to avoid catching it is to keep
the eyes clean and never touch the eyes with soiled hands, towels, or
face cloths. Roller towels especially are dangerous things.

IF ANY OF THE SYMPTOMS APPEAR—REDNESS,
SCRATCHING, WATERING OF THE EYES—GO TO AN EYE
DOCTOR AT ONCE. THE ONLY WAY TO STOP THE DIS-
EASE AND KEEP IT STOPPED IS TO GO TO THE DOCTOR
FOR AS LONG A TIME AS HE SAYS IS NECESSARY. YOU
MUST GET A DOCTOR YOU CAN TRUST AND THEN
TRUST HIM ABSOLUTELY.
This girl is suffering tortures from a neglected case of Trachoma

The disease is very difficult to cure if allowed to reach this stage

PREVENT NEEDLESS PAIN!

STAMP OUT TRACHOMA IN YOUR COMMUNITY NOW!