

45545

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

VOL. 70 PAGE 9008

CERTIFIED COPY OF DEATH RECORD

Mr. Abbott

LOCAL REGISTRAR'S NUMBER 85

STATE OF OREGON
BOARD OF HEALTH - PORTLAND
PUBLIC HEALTH SERVICE

STATE FILE NO. 1

DATE RECEIVED

1. NAME OF DECEASED
(Type or Print; write in block letters)
PIEASANT JACOB BUSH

2. PLACE OF DEATH
A. COUNTY Lane
B. CITY, TOWN, (If outside corporate limits, so specify)
C. LENGTH OF STAY IN 2B
LOCATION Cottage Grove 38 years
D. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION Cottage Grove Hospital
E. STREET ADDRESS, RURAL ROUTE, ETC.
909 Johnson Avenue

3. USUAL RESIDENCE (If institution, give residence before admission)
A. STATE Oregon
B. COUNTY Lane
C. CITY, TOWN (If outside corporate limits, so specify)
OR LOCATION Cottage Grove
D. STREET ADDRESS, RURAL ROUTE, ETC.
909 Johnson Avenue

4. DATE OF DEATH
November 28, 1967
5. SEX male
6. COLOR OR RACE white
7. MARITAL STATUS
☒ Married ☐ Widowed ☐ Never Married

8. SOCIAL SECURITY NO. 541-16-2833
9. USUAL OCCUPATION (Kind of work done during most of life)
Contractor (self emp.)
10. KIND OF BUSINESS OR INDUSTRY General Construction
11. NAME OF SPOUSE Anna Bush

12. DATE OF BIRTH December 9, 1895
13. AGE LAST BIRTHDAY 71
14. BIRTHPLACE (State or Foreign Country) Oklahoma
15. WAS DECEASED A CITIZEN OF
☒ U.S. ☐ Foreign Country
16. IF DECEASED WAS A VETERAN, WHAT WAR? W.W.II

17. NAME OF FATHER Robert E. Bush
18. MAIDEN NAME OF MOTHER Etta Eliza Winger
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Anna Bush/Wife

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE FOR PART I, II, AND III)
PART I: DEATH CAUSED BY IMMEDIATE CAUSE (A)
Acute Myocardial Infarction
Hypertensive Coronary Artery Disease
PART II: Other Significant Conditions Contributing to Death (List and include in the terminal disease or condition group in Part I (a))
Myocardial Infarction
21. If deceased was female, was there a pregnancy in the past 12 months? Yes ☐ No ☒
22. Was an autopsy performed? Yes ☐ No ☒

23. WAY DEATH RESULTED OF
☐ Accident ☐ Suicide ☐ Homicide ☐ At Work ☐ Not at Work
24. IF ACCIDENT, DID INJURY OCCUR
☐ Yes ☐ No
25. PLACE OF INJURY (Such as Farm, Home, Street, etc.)
26. CITY County State
27. DESCRIBE HOW INJURY OCCURRED.

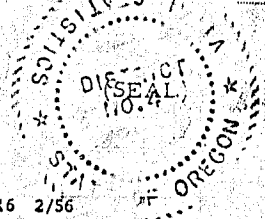
28. TIME OF INJURY
29. CERTIFICATE
I certify that I (attended) (did not attend) the deceased from on or about Sept. 1966 to November 28, 1967, and that the death occurred at 3:20 A.M. from the causes and on the date stated above.
Joseph L. Abbott M.D. Cottage Grove, Oregon 11/28/1967

30. RESERVED FOR REGISTRAR'S USE

31. DATE RECEIVED BY DE. REGISTRAR'S SIGNATURE
LOCAL REGISTRAR
32. JUDICIAL DISTRICT'S SIGNATURE AND ADDRESS
Cottage Grove, Oregon

County of Lane

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Oregon State Board of Health.



VS-16 2/56

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Transamerica Title Insurance Co.

this 7th day of Oct. A.D., 1970 at 3:15 o'clock P.M., and duly recorded in Vol. N70 of Deeds on Page 9008

Fee \$1.50

WM. D. MILNE, County Clerk

By Cynthia [Signature]