

Page 8329
Standard Certificate of Death
STATE OF OREGON

1. PLACE OF DEATH
(a) County Multnomah
(b) City or town Van Port City
(c) Street or place Van Port Hospital
(d) Length of stay in hospital or institution One half hour
(e) In this community 2 mos. In state 10 yrs.

2. (a) FULL NAME Agnes L. Anderson
(b) Sex Female
(c) Date of birth June 13 1880
(d) Age at death 92 years
(e) Race White
(f) Color White
(g) Marital status Married
(h) Occupation Self-employed
(i) Education High School
(j) Religion Methodist
(k) Place of birth Indiana
(l) Date of arrival in Oregon 1904
(m) Date of arrival in county 1904
(n) Date of arrival in city 1904
(o) Date of arrival in place 1904
(p) Date of arrival in place 1904
(q) Date of arrival in place 1904
(r) Date of arrival in place 1904
(s) Date of arrival in place 1904
(t) Date of arrival in place 1904
(u) Date of arrival in place 1904
(v) Date of arrival in place 1904
(w) Date of arrival in place 1904
(x) Date of arrival in place 1904
(y) Date of arrival in place 1904
(z) Date of arrival in place 1904

3. (a) Usual residence of decedent
(b) State Oregon
(c) County Multnomah
(d) City or town Van Port City
(e) Street or place 11005 Meadows Apt. 3768
(f) Date of death July 24 1972
(g) Time of death 10:30 A.M.
(h) Cause of death Stroke
(i) Manner of death Natural
(j) Place of death Van Port Hospital
(k) Date of death July 24 1972
(l) Time of death 10:30 A.M.
(m) Cause of death Stroke
(n) Manner of death Natural
(o) Place of death Van Port Hospital
(p) Date of death July 24 1972
(q) Time of death 10:30 A.M.
(r) Cause of death Stroke
(s) Manner of death Natural
(t) Place of death Van Port Hospital
(u) Date of death July 24 1972
(v) Time of death 10:30 A.M.
(w) Cause of death Stroke
(x) Manner of death Natural
(y) Place of death Van Port Hospital
(z) Date of death July 24 1972

4. (a) Signature of physician [Signature]
(b) Signature of medical examiner [Signature]
(c) Signature of coroner [Signature]
(d) Signature of registrar [Signature]
(e) Signature of clerk [Signature]
(f) Signature of witness [Signature]
(g) Signature of witness [Signature]
(h) Signature of witness [Signature]
(i) Signature of witness [Signature]
(j) Signature of witness [Signature]
(k) Signature of witness [Signature]
(l) Signature of witness [Signature]
(m) Signature of witness [Signature]
(n) Signature of witness [Signature]
(o) Signature of witness [Signature]
(p) Signature of witness [Signature]
(q) Signature of witness [Signature]
(r) Signature of witness [Signature]
(s) Signature of witness [Signature]
(t) Signature of witness [Signature]
(u) Signature of witness [Signature]
(v) Signature of witness [Signature]
(w) Signature of witness [Signature]
(x) Signature of witness [Signature]
(y) Signature of witness [Signature]
(z) Signature of witness [Signature]

STATE OF OREGON, COUNTY OF MULTNOMAH, ss.
I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND
IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE
VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR

STATE OF OREGON, COUNTY OF KLAMATH, ss.
Filed for record at request of WILBUR O. BRICKNER
this 31st day of JULY A. D., 1972 at 9:47 o'clock A M., and duly recorded in
Vol. M 72 of DEEDS on Page 8329
FEE \$2.00

By WM. D. MILNE, County Clerk
Hazel Drazil