

63035

103

CERTIFICATE OF DEATH

STATE OF OREGON - HEALTH DIVISION

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9732
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DECEASED NAME		First	Middle	Last	DATE OF BIRTH (month, day, year)	
Leslie Lewis GURP		Leslie	Lewis	GURP	2	July 17, 1974
1. Race White, Negro, American Indian, etc. (Specify)	2. Sex Male	3. Age Last birthday (years)	4. Under 1 year	5. 1 to 4 years	6. 5 to 9 years	7. 10 to 14 years
8. County of DEATH White	9. City, Town, or LOCATION of DEATH St. Helens	10. Date of DEATH (month, day, year)	11. Hospital or OTHER INSTITUTION - NAME	12. Name of SPOUSE	13. Date RECEIVED BY STATE REGISTRAR	14. State REGISTRAR
15. State of BIRTH (If not in U.S., name country)	16. Social SECURITY NUMBER	17. U.S.A. CITIZEN OF WHAT COUNTRY	18. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	19. KIND OF BUSINESS OR INDUSTRY	20. STREET AND NUMBER OR P.O. BOX	21. City or town
15. 542-14-4340	16. Washington	17. U.S.A.	18. NEVER MARRIED	19. PAPER MAKER	20. 1111	21. St. Helens, Oregon
16. RESIDENCE - STATE Oregon	17. COUNTY Columbia	18. CITY, TOWN, or LOCATION St. Helens	19. BIRTH CITY (Specify yes or no)	20. INFORMANT - NAME and relationship to decedent	21. Evelyn Gump, Wife	22. Date RECEIVED BY STATE REGISTRAR
17. FATHER - NAME Edward Gump	18. MOTHER - Maiden Name Laura E. Vanlieter	19. CITY, TOWN, or LOCATION St. Helens	20. BIRTH CITY (Specify yes or no)	21. Evelyn Gump, Wife	22. Date RECEIVED BY STATE REGISTRAR	23. State REGISTRAR
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))						
1a. Immediate cause						
1b. Cancer of lung with metastasis						
1c. due to, or as a consequence of:						
1d. Employment						
1e. Conditions, if any, which gave rise to immediate cause (a), (b), or (c):						
1f. Other significant conditions contributing to death but not related to cause given in Part I (a), (b), or (c):						
1g. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)						
1h. AUTOPSY (yes or no)						
1i. If YES, where findings considered in determining cause of death						
1j. DATE SIG. (month, day, year)						
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STATE OF OREGON
COUNTY OF COLUMBIA

COUNTY OF COLUMBIA

This certifies, that the foregoing is a correct and complete transcript of death on file with the Columbia County Health Department.

E. H. Jordan

Health Department.
Esthelmae Jordan.
Registrar of Vital Statistics

Date July 26, 1974

Ret:- Van Matta & Petersen Attys
Care Bldg.,
St. Helens, Oregon 97051

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of _____
this 9th day of AUGUST A. D., 19 74 at 12:11 o'clock P M., and duly recorded in
Vol. 114 of INDEXES on Page 9732

FEB 2.00

WM. D. MILNE, County Clerk
Wm. D. Milne Deputy