3516 CERTIFIED COPY OF DEATH RECORD 9115

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

1146
Local File Number

CERTIFICATE OF DEATH

State File Number

1. DECEASED—NAME: First MARY	Middle ELLEN	Last ANDERSON		2. DATE OF DEATH (month, day, year): October 6, 1972	
3. RACE White, Negro, American Indian, etc. (specify): white	4. SEX: female	5a. AGE—Last birthday (years): 64	5b. Under 1 year: mos. / days	5c. Under 1 day: hours / min.	6. DATE OF BIRTH (month, day, year): Montana
7a. COUNTY OF DEATH: Marion	7b. CITY, TOWN, OR LOCATION OF DEATH: Salem	7c. Inside City Limits (specify yes or no): Yes		7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Salem Memorial Hospital	
8. STATE OF BIRTH (If not in U.S.A., name country): Montana	9. CITIZEN OF WHAT COUNTRY: U. S. A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): married		11. NAME OF SPOUSE: Oscar H. Anderson	
12. SOCIAL SECURITY NUMBER	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): mental health secretary			13b. KIND OF BUSINESS OR INDUSTRY: retired	
14a. RESIDENCE—STATE: Oregon	14b. COUNTY: Marion	14c. CITY, TOWN, OR LOCATION: Salem	14d. Inside City Limits (specify yes or no): no	14e. STREET AND NUMBER OR R.F.D.: 3815 Glenwood Loop S. E.	
15. FATHER—NAME first middle last: Charles Bliler	16. MOTHER—Maiden Name first middle last: unknown			17. INFORMANT—NAME and relationship to deceased: Oscar H. Anderson - husband	

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)) — Approximate interval between onset and death

18. Immediate cause
(a) Metastatic Adenocarcinoma of the Breast — since we've know
due to, or as a consequence of:
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
(b)
due to, or as a consequence of:
(c)

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a): peptic ulcer at esophageal gastric junction (4 weeks) — 19a. AUTOPSY (yes or no): yes — 19b. If YES were findings considered in determining cause of death

20a. ACCIDENT (specify yes or no)	20b. DATE OF INJURY (month, day, year)	20c. HOUR	20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)
		M.	
20e. INJURY AT WORK (specify yes or no)	**20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)**	**20g. LOCATION (street or R.F.D. No., city or town, county, state)**	

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year: 11-5-72 to month day year: 10-6-72 — And Last Saw Him/Her Alive on: month day year: 10-6-72 — I Did/Did Not view the body after death (specify): I did

DEATH OCCURRED (hour): M. — at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN SIGNATURE: [signature] MD — 22b. NAME (type or print): E.W.S. Gerdt, M.D. degree or title — 22c. DATE SIGNED (month, day, year): 10-9-72

MAILING ADDRESS PHYSICIAN: 23. 585 Winter Street S.E. Salem, Oregon 97301 (street / city or town / state / zip)

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify)	24b. CEMETERY OR CREMATORY—NAME	24c. LOCATION city or town, state	24d. DATE (mo., day, year)
Burial	City View Cemetery	Salem, Oregon	10-9-1972

25a. FUNERAL DIRECTOR SIGNATURE: [signature] — 25b. FUNERAL HOME NAME AND ADDRESS (street, city or town, state, zip): V. T. Golden Mortuary Salem, Oregon

26a. REGISTRAR SIGNATURE: [signature] — 26b. DATE RECEIVED BY LOCAL REGISTRAR: Oct. 9, 1972 — 27. DATE RECEIVED BY STATE REGISTRAR

RECORDED FROM REGISTRAR'S USE

STATE OF OREGON
COUNTY OF MARION

SEAL
VOID IF ALTERED

DATE Oct. 9, 1972

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the MARION COUNTY HEALTH DEPARTMENT

JOHN T. HERRON, M.D., REGISTRAR OF VITAL STATISTICS

AUG 6 1975 [signature] DEPUTY

RECEIVED
9:30 am

Ret. Klam Co Title
Box 624 151
City

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of KLAMATH COUNTY TITLE CO

this 6th day of AUGUST A. D., 19 75 at 9;30 o'clock A M., and duly recorded in Vol. M 75, of DEEDS on Page 9115.

FEE $ 3.00

WM. D. MILNE, County Clerk

By Hazel Drazil Deputy