Months in the second se	BURIA!	CERTIFIER	3 8 -	CAUSE		ived. If death occurred in institution, give residence before admission.	DECEASED Usual residence		and the second of the second o	
V5-2 R-69	ANUS. (SPECHATION, REMOVAL, ANUS. (SPECHATERY MANUS. (SPECHATION, REMOVAL) 24. BUTIAI 24. BUTIAI 25. STORMATURE 25. STORMATURE 25. STORMATURE 26. STORMATURE 26. STORMATURE 26. STORMATURE 27. STORMATURE 28. STORMATURE 29. STORMA		PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS: CONDITIONS COND	PART I. DEATH WAS CAUSED BY: 18. Condition. If any which give rise to the state (b) which give rise to the state (b) which give rise to the state (a) to or as a control bying cause last (c)	first middle HO I m	SO TA Y NUMBER -4929 -COUNTY	COURTY OF BEATH TALL K BARRA THE TOTAL THE STATE OF BEATH If ANY SALE AS A STATE OF THE STATE	BECEASED-HAME Cari L. Cari KAGE While, Negro. American Indian, SEX erc. (specify) White	23940	
	or crematory-name rnal Hills Mem. Gard Funerat Home-Name 0'Hair's Fun 25b.	rodan. 1, 1977 NAME (type or product) Hedical Dentl. Bld	HOUR HOW INJ 202. R. 20d. Street, factory, IOCATION (street or	CONTROLLE ONLY ONE CAUSE FE	3 ° 35	U.S.A. INVOISE, INC. 10, WIGHT ON Give kind of work done or series of vocation life, even if relined in the control of the con	TOWN, OR LOCATION OF DEC	Middle La R. HO	STATE OF OREGON—HEALTH Vital Statistics Section CERTIFICATE OF DEA	
	city or town lath Falls, (street, city or town, stal dapel, 515 Pine, DBY LOCAL REGISTRAR DJ	Last Saw Him/Her Alive I. Did/Did Not.) Mannth day year vew his 15 50 y May year vew his 15 50 y May year vew his 15 50 y S:40 A. M degree or Title DATE SIGNED of the point of th	given in Part I (a) (yes or no) RED (enter nature of injury in part I or	CAUSE PER LINE FOR (b). (b), and (c)) (Condition country Thronic) (Condition country Thronic) (Condition country Thronic)	979 NAME Ce E	10 2	5c. HOSPITAL in it is no) (if no) in a Pre	DA D	PVISICN	
7	By S F S	at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated, month, day, year) 1601 A 1 1677 ON ON ON ON ON ON ON ON ON	ES were letermin	between anest and death Minutes and death Market and death	Delaware St. and rebiconthip to deceased . Moynihan, daughter	n Railroad	r 18, 1900 OTHER HOSPT.		The last of the second	
to mount	This	certifies that ord of death or	VELDON By Date VOID IF /	C. BOGE, M.D.	ounty De	partment	of Hea	ilth. istics gistrar	104	
	Peby certify that the LARY A.D., 19_DMEDS FEE \$3.00	e within instrumer 77_at_12;06— on Page	o'clock ^I	PM., and duly	recorded	l in Vol_		2.0 E		