

26078

Vital Statistics Section 56

Vol. 77 Page 3516

CERTIFICATE OF DEATH

Local File Number		State File Number	
First Middle Last		DATE OF DEATH (month, day, year)	
John William Anderson		January 1, 1977	
Race: American Indian White		DATE OF BIRTH (month, day, year)	
Male		December 8, 1906	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION NAME	
Grants Pass		Josephine General	
CITIZEN OF WHAT COUNTRY		NAME OF SPOUSE	
U.S.A.		Sonia Anderson	
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		KIND OF BUSINESS OR INDUSTRY	
Married		Logging	
USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		STREET AND NUMBER OR R.F.D.	
Mechanic		5790 CloverLawn Drive	
COUNTY		CITY, TOWN, OR LOCATION	
Josephine		Grants Pass	
MOTHER - Maiden Name		INFORMANT - NAME and relationship to deceased	
Elizabeth - Crawford		Bob Anderson - Son	
DEATH WAS CAUSED BY:		approximate interval between onset and death	
(a) Immediate cause		2 1/2 hrs	
(b) Due to, or as a consequence of:			
(c) Due to, or as a consequence of:			
SIGNER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)		AUTOPSY (yes or no)	
Arteriosclerosis, pattern of heart disease		19a NO	
DATE OF INJURY (month, day, year)		IF YES, were findings considered in determining cause of death?	
1-14-77		19b	
HOUR		HOW INJURY OCCURRED (enter nature of injury in Part I or part II, item 1b)	
10:28 PM		Died	
PLACE OF INJURY (at home, farm, street, factory, office bldg., etc. (specify))		LOCATION (street or R.F.D. No., city or town, county, state)	
Home		Medford, Oregon	
DATE OF INJURY (month, day, year)		And last saw him/her alive (month, day, year)	
1-14-77		1-14-77	
SIGNATURE		DATE SIGNED (month, day, year)	
Justin C. Linder		1-15-77	
ADDRESS - PHYSICIAN		CITY, TOWN, OR LOCATION	
208 W. 6th		Medford, Oregon	
CEMETERY OR CREMATORY NAME		LOCATION (city or town, state)	
Hillcrest Cemetery		Medford, Oregon	
FUNERAL HOME NAME AND ADDRESS (street, city or town, state, zip)		DATE (mo., day, year)	
Conger-Morris, 715 W. Main St., Medford, Oregon 97501		1-5-76	
SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
Dorland Young, Registrar		JAN 18 1977	
DATE RECEIVED BY STATE REGISTRAR			
JAN 18 1977			

DATE ISSUED FEBRUARY 15, 1977

COUNTY OF MULTNOMAH ss

I, STATE REGISTRAR, do hereby certify that the foregoing copy has been compared by me with the original document and correct copy of the original certificate as the same appears on file in the S-SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR

VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION
OF OREGON; COUNTY OF KLAMATH; ss.

I certify that the within instrument was received and filed for record on the 28th day of
JANUARY A.D., 19 77 at 3:56 o'clock P.M., and duly recorded in Vol. M 77

on Page 3516

FEE \$ 3.00

WM. D. MILNE, County Clerk

By Hazel Drake Deputy