	ORIGINAL STATE COPY	Dense	STATE	OF ARIZON		The Party of Street, and the S			
	NAME OF A FE	MSI BIME	MENT OF HEALTH SI CERTIFICA	ERVICES VITA	L RECORDS S	CTION	DEATH NO	3.4 (1.2)	
2	RACE (e.g., white, black, Ame	<u> </u>	1	CAST	3.7.[]	SEX	D 102-		
~	4A 3777	Pricial Indian, etc.) WAS I	DECEDENT OF SPANISH N: (YES, NO) SPECIFY	PRAT	HER	i	DAT	E OF MWTH	DAY
234	DEATH	COUNTY B TOWN OR CIT	EH I	_	PUERTO RICIAN	MEXICAN, SPANISH,	WAS I	DECEASED EVER	1.77
EDENT	DATE OF MONTH DA		NGMA N		C. HOSPITAL OR INSTITUTION		FORC 5	DECEASED EVER IN	US ARĪ DRIŅO)
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8	RED AUDRESS OR		SEPHINE DE CITY LIMITS? ON RESIDENCE CIFY Yes or No. (Specify)		C TOWN OR CITY		oner. B	1 677 117	1
ARENTS	15E 2300 Lower I		CIFY LIMITS? ON RES CIFY Yes or No. (Specify 1168 159	(איזא פיזע יו	W LONG IN ARIZO	PASS	-		5 %
	18 2/12/7cm	8 MIDIXE	CIASI	1VO 16	776	ans.	0, 10, 51		<u>-1(-1</u>
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3	BURIAL, CREMATION. REMOVAL, OTHER (Specify)	A talker	RELATIONSHIP DECEASED 21 W Th		RESS	SIRCELNO	CITY AND IS	ti i a	1000
	23. RICHOVAL 22	-3/7/78 C	CLARA CAR	atan	2300	Lower River	Rd. Gra	77 / C. 71m	24
77	NAJ		nta Paga,	Oregon			URE 1/	7 (1.6.7 (2.6.7)	Ore.
	TO THE BEST OF MY	HALE FORT. S	YCAMORE & W.	CITY AND STAT	ingman,	FUNERAL DIRECTOR	M Ha	trest	6
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	AND TITLE			24	DEATH OC	ASIS OF EXAMINATION CURRED AT THE TIME. DER STATED	AND/OR INVES	GATION IN MY	18
IFIER	DATE SIGNED (Mo. Day		HOUR OF DEATH	completed by	SIGNATURE AND TITLE 35	2	12)	AND DUE TO THE C	AUSEIS
	NAME OF ATTENDING P	PHYSICIAN IF OTHER THAN C	33	A SM	DATE SIGNE	D (Mo., Day, Year)	Leonen	R OF DEATH	1
NA	ME AND ADDRESS OF	OTHER THAN C	ERTIFIER (Type or print)	To be	PRONOUNCE	2-78 D DEAD (Mo , Day, Year)	3/11	L: 30P	
40	ME AND ADDRESS OF CERTIFIE	R, PHYSICIAN OR MEDICAL E	XAMINER (Type or print)		38 ON 3	-6-78	PRON	OUNCED DE AD HIG	
BATT	E REGISTERED REG FILE	CUnsevilla	• •				39 A	4:30P	
4	3-12-78 1.4	3 1 V	URE	lave Ger	HOSD	Ringman,	سام م		
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		and the second s	13.07	durser	ac by	case			
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47	U. OTHER SIGNIFICANT CONDIT	TIONS AND/OR ENVIRONMEN	TAL FACTORS #						INTERV. BETWEE ONSET
CAL	ACCIDENT PENDING	DATE OF MO DAY	orio (ir adult fen	hale was sho pregr	nant within past 90	days?) AUTOPSV	MAC CO		AND DEATH
	SUICIDE	151	I I I I I I I I I I I I I I I I I I I	Y AT WYDDY'S TO	SCRIBE HOW INJ	UBY OCCUPAGE	Specify yes or no	ERRED TO MEDICAL	YAMIN
TATE SUPPL	HOMICIDE UNDETER MINED	PLACE OF INJURY (At homa, building, etc.) SPECIFY	farm street, factory, office	WHERE LOC					
	Many and the second			56	S:	REET ADDRESS	CITY OR TOW	STATE	
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52		CERTIFIED	Cobre			THE RESIDENCE OF THE PARTY OF T	San San San	SALES OF THE PARTY	
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