170 D	78476		STATE OF OREGOI			"Vol.	η ₇₉ Ρ	age	29311
779 0	DECEASED-NAME First		TIFICATE		ATH		State F.	ile Number	
.*:	l. Charle		Middle conard	ARCHEI	· ·		DATE OF DE		
- i	RACE White, Negro, American Indian, etc. (specify) White	sex male	AGE -Last birthday (years)	1	der 1 year Ur	nder 1 day	2. Decemb	oer 8. IH (month, d	1972
CEASED	COUNTY OF DEATH	CITY, TOWN, OR LO	5s. CATION OF DEATH	15b.	Side City Limits	HOSPITAL	OP OTHER IN	st 27,	
al residence	7a. Multnomah	7b. Port	land	7,	ves	zu. Vet	erans A	cet and numb	10 F)
d. If death urred in inst		. United	States	ARRIED, NEVER		NAME OF	SPOUSE		
on, give dence before hission.	SOCIAL SECURITY NUMBER	most of workin	ATION (give kind of g life, even if retired			IND OF BUSI	a M. Ar	ISTRY	
L			hanic CITY, TOWN, OR LO	OCATION J	Inside City Limit	STREET AN	motive	2050	
	14a. Oregon 1.		14c. Notall.	a]	4d Yes	14e.		-	
	charles Q.			irst middle la ie Bliss			tal Rec		ceased
! .	PART I. DEATH WAS CAUSED I		(ENTER ONLY ON				car vec	1 8	pproximate interval ween onset and death
	(a) Pneum	onia. right				· · · · · · · · · · · · · · · · · · ·		Der	ween onser and dearn
	Conditions, if any	a consequence of:							
CAUSE	which gave rise to immediate cause (a), stating the under-lying cause last	a consequence of:							
l	PART II. OTHER SIGNIFICANT CONDIT	IONS: conditions contrib	uting to death but	not related to	cause given in	Part I (a)	AUTOPSY	IF VC	
	ACCIDENT DATE OF INJURY] ;	yes or no)	in determini	findings considered ing cause of death
	(specify yes or no) (month, day, year) 20a. No 20h	HOUR 20c.	ľ		CCURRED (enter	nature of inj	ury in part I o	or part II, iter	n 18)
	(specify yes or no) Office bldg., etc. (s	at home farm street far	tory, LOCATION (Od. (street or R.F.D.	No., city or tow	n, county, st	ate)		
	20e. NO 20f.	ear month	20q. day year A	nd bus South	- M All - 1				
7	Battended they		or	n: month	Laf	Did/Did Not ew the body ter death (spe	I (bourt	OCCURRED	at the place, on the date, and, to the best of my knowl-
DELETER	July 25, 197	2 iOecembe	r 8,1972 D	ecember	8,1972	did			edge, due to the Cause(s) stated.
RTIFIER	220. > Dand a	ull	22b. David	•	M. D.	degree	,		nonth, day, year)
	MAILING ADDRESS-PHYSICIAN 23. Veterans Administ	ration Honeit	627		city or to	wn	****	Decemb	er 11, 1972
		METERY OR CREMATORY	-NAME	ckson Pa	rk, Port	land, C	regon	9720	(mo., day, year)
URIAL	24a. Burial 24 FUNERAL DIRECTOR-SIGNATURE	Willamette N	ational	24c. Por	tland, 0	regon		- 1	12-12
	250. > (B) Vouslai (1)	<i>/</i>		R Vont E	istrõet, ci	ly or lown, s	tale, zip)		
	REGISTRAR-SIGNATURE	0	Everhart	DATE RECEIVE	Uneral H	OMO MO	DATE RECEIVE	Oregol O BY STATE	REGISTRAR
	RESERVED FOR REGISTRAL DUSE	<u>a</u>	; -l	26b. U	C 1 3 19	// [27.		
	28.			· ·	•				
	VS-2 R-69	GE.	ORGE R. W.		· · · · · · · · · · · · · · · · · · ·				
-	Sylvissione.	PITTOCK	Attorney at L BLOCK - 921 S.	.aw . W. WASHI	NGTON				
		🌂 🏈 POR	TLAND, OREGO	ON 97205					
	Company of the Compan		* .						
S.	STATE OF OREGON)			Dı	<u> </u>	DEC 1	4 1972		
CO	CHAIN DEWNITHONIAH)					`			
So Con	This is to certify the city Division of Public Health.	at the foregoing is	a reproduction	of the orig	inal record	which was	filed with	the Multr	iomah
3 ′	The state of the s				A.	362	oce		
	(Seal)			Reguerr of Vital Straites 1					
	STATE OF OREGON; C	OUNTY OF KL	AMATH: ss.	.83	Deputy Red	strar of Nit	al Statistics	che	<u>v</u>
	I hereby certify that the within instrument was received and filed for record on the 21st day of								
	December A.D., 19_	79 at 1:28	o'clock	P KA	and di	cord on	the <u>2</u>	Lst_day M79	of
	P 1	on Page	29311	IVI.,	ana aniy	recorded	in Vol.		
	FEE £3.50	3		WM. D.,	MILNE, C	ounty C	lerk		
	ret			By Din	metha		15	Denier	
				,					