93903 FILE '80 DEC 18 PM 3 13 Vol. M80 Page 24554

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

1718 (Local File Number) 79-006191 (State File Number)

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEASED—NAME: First ALBERTA Middle Jane Last PULLIN
2. DATE OF DEATH (month, day, year): April 3 1979
3. RACE White, Black, American Indian, etc. (specify): White
4. SEX: female
5a. AGE—Last birthday (years): 92
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): December 13 1886
7a. COUNTY OF DEATH: Multnomah
7b. CITY, TOWN OR LOCATION OF DEATH: Portland
7c. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Glenaire Care Center
7d. If hosp. or inst. indicate DOA or Emer. Rm. treatment (Specify): Inpatient
8. STATE OF BIRTH (If not in U.S.A., name country): Canada
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed
11. SPOUSE (IF MARRIED, WIDOWED): Stanley
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): no
13. SOCIAL SECURITY NUMBER: 541 16 9444-D
14a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): at home
14b. KIND OF BUSINESS OR INDUSTRY: housewife
15a. RESIDENCE—STATE: Oregon
15b. COUNTY: Multnomah
15c. CITY, TOWN, OR LOCATION: Portland
15d. STREET AND NUMBER OR R.F.D., ZIP: 14628 N.E. Rose ParkWay 97230
15e. Inside City Limits (specify yes or no): no
16. FATHER—NAME first middle last: Oscar Findlay
17. MOTHER—Maiden Name first middle last: -- -- Featherston
18. INFORMANT—NAME and relationship to deceased: Marjorie Pearl Bell-Daughter
19a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation
19b. CEMETERY OR CREMATORY—NAME: Portland Memorial
19c. LOCATION city or town state: Portland Oregon
20a. FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature): William Holmes
20b. NAME AND ADDRESS OF FACILITY: Holmans Funeral Service 2610 S.E. Hawtorne Blvd. Portland Ore. 97214

To Be Completed by Attending Physician Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
21a. (Signature): [signature]
21b. DATE SIGNED [Mo., Day, Yr.]: 4/5/79
21c. HOUR OF DEATH: 9:15 A M
CERTIFIER — NAME AND TITLE (Type or print): A.T. Matsuda, N.D.
MAILING ADDRESS (Street, city or town, state, zip): 13655 S.W. Jenkins Rd. Beaverton, Oregon 97005
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:
21e.

22a. DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: APR 10 1979
REGISTRAR (Signature): [signature]

23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I (a) Cerebral Thrombosis — Interval between onset and death: Minutes
(b) DUE TO, OR AS A CONSEQUENCE OF: Cerebral Arteriosclerosis — Interval between onset and death: Years
(c) DUE TO, OR AS A CONSEQUENCE OF: Generalized Arteriosclerosis — Interval between onset and death: Years

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Recent Fx Rt hip
24. AUTOPSY (Specify Yes or No): no
25. WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No): no

26a. ACCIDENT (Specify Yes or No)
26b. DATE OF INJURY (Mo., Day, Yr.)
26c. HOUR OF INJURY
26d. DESCRIBE HOW INJURY OCCURRED
27a. INJURY AT WORK (Specify Yes or No)
27b. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
27c. LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

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STATE OF OREGON, County of Multnomah) ss Date Issued Dec. 5 1980