partm	STATE HEALTH DIVISION ent of Human Resources		EDTIFICATE			
TY OR P	RINT -		ERTIFICATE OF		Val mais	
PERMA BLA	INENT Local File	)575 T	Vital Records	Unit	Vol. mg/ Pag	75 <u>03</u>
IN FO	R DECEASED—NAME	First	Middle	Last	DATE OF	tate File Number  DEATH (month, day, year)
NSTRUC SEI HANDE	RACE White, Black, American etc (specify)	Indian, SEX	Andrew AGE—Last birthday (years)	JOHNSON Under 1 year	Apri	1 21, 1981
* *	3 White CITY, TOWN OR LOCATION C	4 Male	5a 86	mos days 5b	S NOV	ember 8, 1894
DECEDI	7a Springfield STATE OF BIRTH (If not in US name country)	A. CITIZEN OF WHAT	nzie-Willamette	Memorial H	INST Indicate DOA COUNTY Of Impatient [Special Impaties	OF DEATH
IF DEAT OCCURRE	B Tenness	e g U.S.A.	WIDOWED, DI	VORCED (specify)	POUSE (IF MARRIED, WIDOWED Winnie Johnson	WAS DECEDENT EVER IN U ARMED FORCES? (Specify Ye
INSTITUTI SEE HANDE REGARDII COMPLETIO	13 516-09-3099	14a ra	ccupation (give kind of Aura di life, even if retired) illroad employee	one during most	KIND OF BUSINESS OR IN	DUSTRY
RESIDENCE I	15a Oregon	COUNTY 15b Lane	CITY, TOWN, OR LOCATI	ON STREET A	14b Western Ur ND NUMBER OR R.F.D., ZIP C	7477 Inside City Limits
	FATHER NAME first	middle last MK	15c Springfie OTHER-Marden Name first	1d 15d 1	145 N street	(specify yes or no)
	BURIAL, CREMATION, REMOVAL, MAUS. (specify)	CEMETERY OR CREA	MATORY-NAME	dson	18 Winnie John	son (wife)
XSPOSIT	FUNERAL SERVICE LICENSEE	Or Person Acting As Such	NAME AND ADDRESS OF FAC	20.50	D- 1 0	sidle
1 2	20a A Xousse the &	Marsi	Major-Frederi	icksen Fune	ral Home 112 No	on rth "A" street field, Oregon 974   HOUR OF DEATH
3	21a [Signature]		Cally In	DATE SIGNED Apr	il 21, 1981	
CERTIFIE	R 21d D E McCa	fforty MD 10	20 <b>4</b> // mark /	70	1 0	21c 1:05 a <sub>M</sub>
CONDITION IF ANY	VS 21e	PHYSICIAN IF OTHER THAN C	CERTIFIER [Type or Print]	phingrier	d, Oregon 97477	
WHICH GA RISE TO IMMEDIAT	DATE RECEIVED BY REGISTRAR [Mo. Day, Yr.]  REGISTRAR  REGISTRAR  REGISTRAR					
CAUSE STATING TO UNDERLYIN	23 IMMEDIATE CAUSE	VENTER ON	YONE CAUSE PER LINE FOR La	1901 ANDIGIL	A Kainy,	Seperty
CAUSE LAS	DUE TO, ON AS A CONSEQU	FICE OF:	howbe	un	·	Interval between onset and dea
CAUSE OF	(b) DUE TO, UR AS A CONSECUE	ME OF OTA	lucial	lion		Interval between onset and dea
DEATH	PART OTHER SIGNIFICANT CON	DITIONS Conditions				Interval between onset and deal
4	- <del>- / 10////</del> C			ause given in PART I (a	or No]	WAS MEDICAL EXAMINER NOTIFIE
6	26a 26	ATE OF INJURY (Mo. Day. Y		DESCRIBE HOW INJUI	RY OCCURRED	25
9	[Specify Yes or No] Office	DE OF INJURY—At nome tarms building, etc [Specify]	n. street, factory LOC	26d ATION STR	EET OR RED NO CITY	OR TOWN STATE
	RESERVED FOR REGISTRAR'S US	E	26g			
,_						
AH 11 45	STATE OF OREGON, C	OUNTY OF LAW				HS-2 (Rev 1/8
==	omic of oregon, c	OUNTY OF LANE			Da.4. 4 .2	
	THIS CERTIFIES THAT THE FOREGOING IS A CORRECT AND COMPLETE TRANSCRIPT OF A RECORD					
12 HH		INC ONLUUM	SIMIE HEALTH D	AND COMPLET	E TRANSCRIPT OF	A, RECORD
	Ret: Miswon 105 Llr Bend d	Cer & Roim	Ado	-71510H.		1000
300	105 th	ving are		Pagis	and Film	10
	Bend, d	n. 97701		ري:	tran of Vital's	tatistics
	NOT VALID WITHOUT THE ORDER					
	NOT VALID WITHOUT THE RAISED SEAL OF THE LANE COUNTY HEALTH DIVISIONS STATE OF OREGON					
	STATE OF OREGON; COUNTY OF KLAMATH, OR					
	hereby certify that the within instrument was received and filed for					
	27th day of April	L A.D. 10	81 11 - 45	an	u filed for rec	ord on the
	27th day of April		ar rr.45 0			orded in
	Fee \$ 3.50	on pag	ge <u>7503</u> .	EVELYN		
	ree 5			Byilebrai	THE STATE OF THE S	