· ·	128	, <b>7</b>	Vital Records	s Unit	۲		
	Local File Nun		Middle			State File Numbe	
1		EDWIN	LEROY	ECK EN ROI		DATE OF DEATH (month, or Apri.	10y, year) l 10, 1
RACE White etc. (specif)	e. Black, American Indian y) White	4 Male	AGE—Last birthday (years)		Under 1 day hours min	DATE OF BURTH (month, d	ay, year)
	N OR LOCATION OF DE	EATH HOSPITAL (	OR OTHER HISTITUTION	MAME IF HOSP OR OP/Emer Bro	INST Indicate DOF  i. Inputent [Specify]	COUNTY OF DEATH	C 14, 1
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RESIDENC	regon	COUNTY	CITY, TOWN, ON LO	CATION STREET	IND NUMBER OR R.F	6. 20 97627   t	wide City Limits geoldy yes or no
FATHER	VAME first mi	ddie last	OTHER-Maiden Name	first middle las	PO BOX 31	O	5e ceased
BURNAL CI	arl Ecken:	rode 17	Florence	Sigwardsen	18 Delo	ris Eckenro	ode / W
19€ Rem	MAUE (specify) loval/Buri	alla Fo	rest Lawn C		- i	ywood Hills	
Signature   Signature    20a	amon K. 6	Person Acting As Soch	WARD'S	- 1945 Mair			
· · · · · ·	the best of my knowledge to the cause(s) stated	Cookin of want at my to	inge. Have and place and	DATE SIGNE	D MO. Del. 11	HOUR OF D	EATH
Z >	(Signature)	EBRIER   Type of Print	LIC VIN	216	112/82	21c 2	2:30 P
3,50 314	David Se	eeley, MD	/ 905 Main,	Suite 611	/ Klamat	h Falls, O	regon
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005.20	OR AS A CONSEQUE	ICE OF:	<u> </u>	<u>ب رن بدت</u>	wing-	Interval	between orset a
(c)	ER SIGNIFICANT COND	HTIONSConditions cont	ributing to death but not relate	ted to cause given in PART		necilly Yes   WAS MEDIC	AL EXAMINER
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	No 266	TE OF INJURY (Mb. Day	( 1/2 ) HOUR OF INJURY	DESCRIBE HOW IN	LIURY OCCURRED		
INJURY AT V	WORK PLAC	E OF INJURY—At home, building, etc. [Specialy]			STREET OR RED NO	CITY OR TOWN	STATE
NECEDAED.	FOR REGISTRAR'S US	<u> </u>	<del></del>	260			
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