Local File N	umber (CERTIFIC	ATE OF	DEATH		State File N	lumber
DECEASED-NAME	First	Midd	l e	Last	i		(month, day, year)
1 James	Clir		Purdy			2 Jan. 12,	
RACE White, Black, Americ etc.(specify) 3 White	an Indian, SEX	AGE—L birthday 5a	(years)	mos. days	house min	DATE OF BIRTH 6 Aug. 3,	(month, day, year)
COUNTY OF DEATH,		OR LOCATION O	F DEATH	HOSPITAL OR OTHER I	NSTITUTION-NAME		IF HOSP, OR INST, Indicate D
7a Multnomah	7b Gres	ham	j.	if not in either, give str 7c Greshai	m Communi	ty Hosp.	OP/Emer Rm Inpatient Spe 7d in
STATE OF RIBTH III not in	U.S.A., CITIZEN OF	WHAT COUNTRY	MARRIED, NEVER MA	RRIED, (specify)	SPOUSE (IF MAR	RAIED, WIDOWED)) WAS DECEDENT EVER IN U
name country) 8 Rolla, Nor	th Dakota	USA	10 Marri	ed h	11 Ruth		ARMED FORCES? Specify Yes or No] 12 NO
SOCIAL SECURITY NUMBE	if retired)		of work done during mos	it of working, life, even	1		
13 501-28-8903		echanic	WH OR LOCATION	LOTDEST AN	14b Propi		Ige at Brightwood
RESIDENCE-STATE	COUNTY		VN, OR LOCATION	- 1			(specify yes or no)
15a Oregon FATHER—NAME lirst	niddle last	MOTHER-Maide	rightwood		r Rt. Box		nship to deceased
		17 Mary Sc			1		Wife
16George Purdy BURIAL, CREMATION,	CEMETERY OR	CREMATORY-NA	ME		LOCATION	city or town	state
REMOVAL, MAUS. (specify 19a Cremation	19b Linco	ln Memoria	1		19c Portla	nd,Oregon	1
FUNERAL SERVICE LICENSSE	or puson Acting As Such	NAME AND ADDE	SESS OF FACILITY	7 TN	D O Poss	222 Cmar	then Orecan 970
20a k leuris 6.	Garroll	200					ham,Oregon 970
>≤ due to the cause(s):	newledge, death occurre	d at the time, date	e and place and	DATE SIGNED	[Mo., Day, Yr.]		JR OF DEATH
	RICHARO L	<u>- 15 ANN</u>	ER MI		-15-80		11;45 PM M
21a [Signature] CERTIFIER — NAM	E AND TITLE	oe or print)		MAILING ADDRES	. (220.1)	city or town, stat	
5 21d Lila	ing Physician if OTH	mer Mr		NG 151	OH: Ave	13Hlan	d Olice on 972
NAME OF ATTENDI	ING PHYSICIAN IF OTH	ER THAN CERTIF	IER (1998 of Print)	والمناع المستور مر	~~~		(
DATE RECEIVED BY REGI	STDAD IMO Day Vel	REGISTRAR		The state of the s			
		22b [Signa		ومعتض كتنشير	7	سرل	
22a JAN 1			E CAUSE PER LINI	EOD IN IN AN	<u></u>		Interval between onset and de
PART (a) CARDIAC	ARREUT "	EIVIER ONE! ON	L CAUSE FER ENVI	: FOR [8], [0], Air	(4)		
	CONSEQUENCE OF:						Interval between unset and de
(ATHERO SCI	CONSIN					Year
DUE TO, OR AS A	CONSEQUENCE OF:	-EROVIA					Interval between onset and de-
(c)							
PART OTHER SIGNIFICANT C	ONDITIONS—Conditions	contributing to deal	th but not related to	cause given in PAR	TI(a) AUTOPS	Y (Specify Yes VAS	CASE REFERRED TO MEDICAL
" Vomiting G	ostio cuteurto	. Electrolum	le Imbalan	'L	or No.) 1	25	Specify Yes or No 100
ACCIDENT [Specify Yes or No]	DATE OF INJURY (Mo. Day.	YA HOUR OF N		O YRULMI WOH BBIF	CCURRED		
	26b	26c	M 26d				
INJURY AT WORK [Specify Yes or No]	PLACE OF INJURY—At horr office building, etc. [Specify	ie, farm, street, facto /}	ry. LOCA	TION	STREET OR R F D	NO CITY OH TO	OWN STATE
	26f		26g				
RESERVED FOR REGISTRA	AR'S USE		-				
		Rest.					
		_	Purdy's				
		Brightwoo	od Garage &	Towing		1.5 to 1	vs-2 Rev-8-78 P-6
STATE OF	OREGON)	64025 E	. BRIGHTWOOD L	00P I	Date	JAN 1	1 1300
•)	BRIGHTV	WOOD, OREGON 9	7011			
COUNTY OF MUI		•			•		
, _(1,1) , Th i	is to cert	ify that t	the forego	ing is a r	reproduct	ion of the	e original reco
which was fill	led with the	Multnomah	County Di	vision of	Public H	ealth.	
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and duly re	corded in t	лот <u> </u>	, of	deeds		n page_	_8582
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FEE \$_4.00			EVELYN BIEHN COUNTY CLERK				
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