'83 JUH 23 AN 10 11 CERTIFICATE OF DEATH

Vol. M83 Page 9792

L.	٦	1/14			
1.00		VILLE	al Records Unit		•
_	at File Number			S :	ite File Number
DECEASED NAME	, First	Middle	Lest	DATE OF	DEATH (month: day, year)
<u> </u>	Benjamin	Wade	ASH	2 JUN	E 8, 1983
RACE Write, Black Americ - specify)	1	AGE-Last birt (years)	Con I day		NATH (month day year)
White		Iale 50	. [36]		uary 28, 1927
	(11)	not in either, give street and numb	ver) OP Emer , Ri	n , Inpatient [Specify]	
a Portland		Cterans Adminis	tration 1c Inj	atient 7a Mu	l tnomalı
Oreg	i	, wind	WED, DIVORCED (specify)	Dona M	ARMED FORCES? New 5 1/19
SOCIAL SECURITY NO.		JSUAL OCCUPATION (give kind		KIND OF BUSINESS OR IN	12 Yes
<u> 541 24 97</u>	<u> </u>	of working life, even if retired) 4a		1	
RESIDENCE-STATE	COUNTY	CITY, TOWN, OF	LOCATION STREET	146 Commercia	17/10 Tiside City Limits
≈ Oregon	-so Coos	15c Coos	1	66 Crown Point	(specify les or ne)
ATHER - NAME	first middle fast	MOTHER-Marden Name		st INFORMANT—NAME and r	
e Howard L		,, Katie Caro	1 Warner	la Dona M. As	
BURIAL CREMATION.	ecity)	OR CREMATORYNAME		LOCATION city or tow	_
., Cremati	77.00	e Arbor Funeral		19c Portland	Oregon
Syruce fames	CERSEE OF FESON ACTING	1		1/10 CU Taffam	Ch Beutland
On the best of a	my knowledge death occurre	200 Ine Arbo السالة the time, date and place and		ED [46, Day 11]	Son St. Portland
_≨ dun to the caus	se(s) stated,	To Colone	,)	6/3/03	3:30 P M
NAME AND AD	ORESS OF CERTIFIER	per overi	216	1 1180	21c
	7900BS0	1 - 1			
	, ,	HER THAN CERTIFIER Type or F	turi)		
is ne Æ	EIDO	M.D.			
DATE RECEIVED BY	REGISTRAR (NO Ca) 1/1	REGISTRAR	~ 	2 7 73	A .
223	JUN 9 1983	22b (Signature)		hunger . Colo	3~~
3 IMMEDIATE CAL	JSE /	LENTER ONLY ONE CAUSE PER L	LINE FOR (a), (b) AND (c))	,	Interval between criset and r
PART (a)	Henry	1900000	rlune	/	
DUE TO, OR AS A	CONSEQUENCE OF			1.	Interval between onset and o
10: 1	i ing	cosuncer	na of	unes	unker
DUE TO, OP AS A	CONSEQUENCE OF:	121	+ + 2	, , , 10	Interval between onset and o
ورايستي الله	your of	10232-30	east sx	erred 17	70
	CANT CONCITIONS Cord	it one contributing to death but no	t related to cause given in PAR	I (a) AUTOPSY (Specify Yes	WAS MEDICAL EX. MINER NOT
ART OTHER SIGNIF	1111 200		· 1/20 28	or No.	. [Soecily Yes or No]
"Old!	CONTINUENTE DE INTURY	the 200 per House OF 1911	nergine Low	24	
"Old!		THE CAN IN HOUR OF INJU		1 101	[Specify Yes or No.] 25
" CLC/ ACCIDENT SECON YOU ISA	CON NO. DATE OF INJURY	260	DESCRIBE HOW M 763 LOCATION	NUURY OCCUPRED	(Specify Yes or No.) 25 CITY OR TOWN STATE
II OCA / ACCIDENT (S. eccharge 26a TABURY AT WORK (Scecilla res of Akt)	COTACT DATE OF INJURY CED PLACE OF INJURY- office builting lets.	25c. —At come farm, street, factory,	M 76d LOCATION	NUURY OCCUPRED	25
OCCIDENT SECON YOURS	PLACE OF INJURY PLACE OF INJURY office builting left (25c. —At come farm, street, factory,	M 06d	NUURY OCCUPRED	25
ACCIDENT IN COLOR YES	PLACE OF INJURY PLACE OF INJURY office builting left (25c. —At come farm, street, factory,	M 76d LOCATION	NUURY OCCUPRED	25
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ACCIDENT IN COLOT VO. ACCIDENT IN COLOT VO. ACCIDENT AT WORK ACCIDENT AS DE MEI AC	PLACE OF INJURY OF COLORS	25c. —At come farm, street, factory,	M CBG LOCATION 259	SIREFT OF RED NO	25 CITY OR TOWN STATE
ACCIDENT NECTO YOU SAN TRAUFITY AT WORK (NECTO THE SEAM) RESERVED FOR REGI	PLACE OF INJURY OF COLOR OF CO	25c. —At come farm, street, factory,	M CBG LOCATION 259	24 NUMY OCCURRED STREET OR RED NO	25 CITY OR TOWN STATE
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