

STATE OF ARIZONA  
Certified Copy of Vital RecordORIGINAL  
STATE COPYSTATE OF ARIZONA  
DEPARTMENT OF HEALTH SERVICES - VITAL RECORDS SECTION  
CERTIFICATE OF DEATHDEATH NO.  
D 102-

NAME OF DECEASED 1. <b>VERA</b>		B. <b>PEPPERS</b>		SEX 2. <b>FEMALE</b>	DATE OF DEATH 3. <b>JANUARY 11, 1984</b>
RACE (e.g., white, black, American Indian, etc.) 4A. <b>WHITE</b>		WAS DECEDENT OF SPANISH ORIGIN: (YES, NO) SPECIFY: B. <b>NO</b>		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. C. _____	
PLACE OF DEATH 6. <b>YUMA</b>		B. TOWN OR CITY <b>YUMA</b>		C. HOSPITAL OR INSTITUTION <b>YUMA REGIONAL MEDICAL CENTER</b>	
DATE OF BIRTH 7. <b>MARCH 8, 1911</b>		AGE/YEARS (LAST BIRTHDAY) 8A. <b>72</b>		IF UNDER 1 YEAR 8B. <b>72</b> MOS. DAYS IF UNDER 1 DAY 8C. <b>72</b> HRS. MIN.	
STATE OF (if not in USA, name country) 11. <b>NORTH DAKOTA</b>		CITIZEN OF WHAT COUNTRY? 12. <b>U.S.A.</b>		SOCIAL SECURITY NO. 13. <b>541 36 9544</b>	
USUAL RESIDENCE 15. <b>OREGON</b>		B. COUNTY <b>CLAMATH</b>		C. TOWN OR CITY <b>CHILLOQUIN</b>	
STREET ADDRESS OR R.F.D. 15E. <b>GERMAN BROWN LANE</b>		INSIDE CITY LIMITS? (SPECIFY YES or NO) 15F. <b>NO</b>		HOW LONG IN ARIZONA? 16. <b>3</b> MONTHS 17. <b>OREGON</b>	
FATHER'S NAME 18. <b>HARLEY</b>		B. MIDDLE <b>EDWARDS</b>		C. LAST <b>PEARL</b>	
INFORMANT'S SIGNATURE 20. <i>Harley P. Peppers</i>		RELATIONSHIP TO DECEASED 21. <b>HUSBAND</b>		ADDRESS 22. <b>P.O. BOX 691 CHILLOQUIN, OREGON, 97624</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 23. <b>REMOVAL</b>		DATE 24. <b>1/14/84</b>		CEMETERY OR CREMATORY - NAME/LOCATION 25. <b>MT. CALVARY CEMETERY, FALLS, OR.</b>	
FUNERAL HOME 26. <b>KAMMANN MORTUARY, 795 W. 28TH STREET, YUMA, AZ, 85364</b>		STREET ADDRESS 27. <b>795 W. 28TH STREET, YUMA, AZ, 85364</b>		CITY AND STATE 28. <b>YUMA, AZ, 85364</b>	
TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY 31. SIGNATURE AND TITLE 32. <i>Jan. 12, 1984</i>		DATE SIGNED (Mo., Day, Year) 33. <b>9:10 PM</b>		HOUR OF DEATH 34. <b>9:10 PM</b>	
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or Print) 40. <b>ABRAHAM INJEIAN M.D., 475 W. 16TH STREET, YUMA, ARIZONA 85364</b>		DATE REGISTERED 42. <b>35</b>		REG. FILE NO. 43. <b>17384</b>	
CONDITIONS IF ANY TO WHICH GAY'S CAUSE LIES 46. <b>Heart Failure</b>		A. IMMEDIATE CAUSE 47. <b>Heart Failure</b>		B. DUE TO OR AS A CONSEQUENCE OF: <b>Emphysema</b>	
C. DUE TO OR AS A CONSEQUENCE OF: <b>Generalized arteriosclerosis</b>		PART II. OTHER SIGNIFICANT CONDITIONS AND/OR ENVIRONMENTAL FACTORS (if adult female was the pregnant within past 90 days?) 48. <b>NO</b>		AUTOPSY (Specify yes or no) 49. <b>NO</b>	
MANNER OF DEATH 50. <b>NATURAL CAUSES</b>		DATE OF INJURY 51. <b>NO</b>		INJURY AT WORK? (Specify yes or no) 52. <b>NO</b>	
53. <b>NO</b>		PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY 54. <b>NO</b>		WHERE LOCATED? 55. <b>NO</b>	
SUPPLEMENTARY ENTRIES 57. <b>NO</b>		STREET ADDRESS 58. <b>NO</b>		CITY OR TOWN 59. <b>NO</b>	
STATE OF ARIZONA COUNTY OF MARICOPA } 55		DATE ISSUED 60. <b>JAN 19 1984</b>		This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 16-341, and by direction of: <b>ALFONSO BRAVO</b> Assistant State Registrar	

WARNING: It is illegal to alter or counterfeit this copy.

STATE OF OREGON: COUNTY OF KLAMATH:ss  
I hereby certify that the within instrument was received and filed for record on the 8th day of February A.D., 19 84 at 2:02 o'clock A.M. and duly recorded in Vol. 1184, of Deeds on page 1972.

Fee \$4.00

EVELYN BIEHN, COUNTY CLERK

by *Pam Smith* Deputy

RETURN: Harley Peppers

1080 S. 20th Avenue

Yuma, AZ 85364