STATE OF OREGON OREGON STATE HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCE

Vol. MY Page

5577

DECEASED NAME First WILLTAM			CERTIFICATE OF DEATH Middle Last			State File Number DATE OF DEATH (month, day, yes	
RACE White, Black, An etc. (specify)	W.L.L.	SEX	JOHN AGE-Last birthday	PARKT N Under 1 year	T	Mar	ch 2/ 198
3 White		₄ Male	(years) 66	mos days	hours 5c	THE OF BI	RTH (month, day, yea
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16 Richard	- 1552		Geraldine	last (Maiden Name) INFORMA	VTNAME and relat	tionship to deceased
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