

36903

**Vital Records Unit**

01407

State File Number

TYPE  
OR PRINT  
IN  
PERMANENT  
BLACK  
INK  
  
FOR  
STRUCTION  
SEE  
HANDBOOK

101407		State File Number	
Local File Number		Middle	
First		Last	
DECEASED—NAME		AUBREY	
1		2	
RACE White, Black, American Indian, etc. (specify)		DATE OF DEATH (month, day, year)	
White		2 September 20, 1983	
3		DATE OF BIRTH (month, day, year)	
CITY, TOWN OR LOCATION OF DEATH		6 May 19, 1901	
7a Cottage Grove		COUNTY OF DEATH	
7b 77500 South 6th Street		Lane	
7c		7d	
7e		7f	
7g		7h	
7i		7j	
7k		7l	
7m		7n	
7o		7p	
7q		7r	
7s		7t	
7u		7v	
7w		7x	
7y		7z	
8		9	
SOCIAL SECURITY NUMBER		CITIZEN OF WHAT COUNTRY	
543-10-4700		USA	
10		11	
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (IF MARRIED, WIDOWED)	
Married		Lena Baird	
12		13	
WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)		KIND OF BUSINESS OR INDUSTRY	
No		Construction	
14a		14b	
USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		STREET AND NUMBER OR R.F.D., ZIP	
Mechanic		77500 South 6th Street 97424	
15a		15b	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
Oregon		Cottage Grove	
16a		16b	
FATHER—NAME first middle last		MOTHER—Maiden Name first middle last	
Irwin Aubrey		Malinda Nichols	
17a		17b	
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY—NAME	
Burial		Fir Grove Cemetery	
18a		18b	
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY	
Cottage Grove		Smith-Lund-Mills Funeral Chapel	
19a		19b	
FATHER—NAME first middle last		MOTHER—Maiden Name first middle last	
Irwin Aubrey		Malinda Nichols	
20a		20b	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		DATE SIGNED (Mo., Day, Yr.)	
21a (Signature)		21b	
NAME AND ADDRESS OF CERTIFIER (Type or Print)		HOUR OF DEATH	
21d Robert Wheeler, M.D., 1450 Birch, Cottage Grove, Oregon 97424		2:00 A. M.	
21e		21f	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR	
22a		22b	
IMMEDIATE CAUSE		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)	
23		24	
PART I		25	
(a) myocardial infarction		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		1/4 hours	
(b) coronary atherosclerosis		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		+20 years	
(c)		Interval between onset and death	
26		27	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)	
congestive heart failure, stroke		No	
28		29	
ACCIDENT (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)	
No		No	
30		31	
INJURY AT WORK (Specify Yes or No)		STREET OR R.F.D. NO.	
No		CITY OR TOWN	
32		33	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		STATE	
34		35	
36		37	
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124			

21-2 (11/81)

STATE OF OREGON, COUNTY OF LANE

Date September 23, 1983

THIS CERTIFIES THAT THE FOREGOING IS A CORRECT AND COMPLETE TRANSCRIPT OF A RECORD OF DEATH ON FILE WITH THE OREGON STATE HEALTH DIVISION.

Registrar of Vital Statistics

Registrar of Vital Statistics  
By Margaret M. Rainey Deputy

NOT VALID WITHOUT THE RAISED SEAL OF THE LANE COUNTY HEALTH DIVISION, STATE OF OREGON

STATE OF OREGON: COUNTY OF KLAMATH:ss  
I hereby certify that the within instrument was received and filed for  
record on the 22nd day of May A.D., 1984 at 11:13 o'clock A M,  
and duly recorded in Vol M84 of Deeds on page 8450.  
EVELYN BIEHN, COUNTY CLERK

EVELYN BIEHN, COUNTY CLERK  
by: Pam Smith, Deputy

Fee: \$ 4.00

Return: \$ 4.00 Lena Aubrey 77500 S. 6th St., Cottage Grove, Oregon 97424