ATC - B-27790
STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
VIIAl Statistics Section

Vol. M84 Page 11746

INT		7 0	Vital Statistics S		ES YOU	•	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM
NENT DECEASE	Local File Number ED-NAME	First	ERTIFICATE (OF DEATH	_	O	
RACE WIN	illa Di-	Paul	Carlos	Last		State File Numb DATE OF DEATH (mo	nth day year)
TIONS elc.(speci	ile, Black, American Indi (y) Filipino	an, SEX		Tando Under 1 year	<u>C</u>	2 December 3	2 1070
OOK COUNTY C	FILLPINO OF DEATH	4 Male	AGE—Last birthday (years) 5a /5	mos. days	Under 1 day I	DATE OF BIRTH (mon	th, day, year)
7a Jac	Ckson		LOCATION OF DEATH	HOSPITAL OR OTHE	5c 6	June 22, 1	904
STATE OF	BIRTH (If not in U.S.A.	76 Medf	ora		alley Memo		IF HOSP, OR INST, Indi OP/Emer Rm., Inpatier
8 Phi	libbine Tol	isa II c	AT COUNTRY MARRIED, NEV	ORCED (Specify)	SPOUSE (IF MARE	RIED MIDOINED	7d Innatio
SOCIAL SE	CURITY NUMBER	USUAL OCCUP	ATION rgive kind of work don't during	ried	11 Estelle	Tandoo	WAS DECEDENT EVER ARMED FORCES? ISpecify Yes or Noj 12 NO
OF RESIDENCE	3-16-7002	14a Me	A 10 Mar: ATION (give kind of work dons during echanic	g most of working, life, eve	KIND OF BUSIN	ESS OR INDUSTRY	12 No '
15a Ore	100	UNIY	CITY, TOWN, OR LOCA				•
FATHER-N	NAME lirst middle	Josephine	15c Grante Das		NUMBER OR R.	raft F.D., ZIP <u>97526</u>	nside City Limits
16 -		MOT	HER - Maiden Name first	middle last			
BURIAL, CE REMOVAL,	MAUS (Specifu)	EMETERY OR CREM	ATORY_NAME		18 Harry	Honic and relationship i	to deceased
19a But	MAUS. (specify)	b Hillcres	t Memorial Par	 _	LOCATION	Honig - Brot	her-in-La
Signature 20 20a ▶6.	, , ,	- JAANE	AND ADDRESS OF FACE		19c Grant	S Pass Oma	gon
Z To the	e best of my knowledge	20b	Lundberg's L.B	 .Hall 141 x		, 010	07506
AU due to	the causets) stated, [Signature]	death occurred at the	Lundberg's L.B	DATE SIGNED	W "C" St.,	Grants Pas	97526 s, Oregon
CERT	IFIER - NAME AND TH	TLE (Type or pr	Lundberg's L.B etime, date and place and	Decem	ber 7, 197	O HOUR OF D	EATH
SS 91d	Kennoth	. 7		MAILINGADDRES	(Street, city	or town, state, zip)	1:40 P M
PE NAME	OF ATTENDING PHYSIC	CIAN IF OTHE THA	691 Murphy	Roads Medico	rd, Oregon	97501	_
DATE RECEI	VED BY REGISTRAR [MO		To gree or Prin		h	>,501	
22a Dece	ember 12, 1979	Day, You	EGISTRAR -		X		
23 IMMED	DIATE CAUSE			11:15			
1 (a)	Can	- [ENTER.C	ONLY-ONE CAUSE PER LIN	E FOR B ID. AND	lot B	7	
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(6)				TUAT T		Interval by	
OUE TO	O, OR AS A CONSEQUEN	ICE OF:	0 0 0 0	a Bre	deyou	- Interval be	etween onset and dea
PART OTHER SIG	NIFICANT CONTRA					Interval be	tween onset and dea
] "	AN ANNA COMPILIE AST	Conditions contribution	ng to death but not related to	ause given in PART (E) TAUTODON		
ACCIDENT [Specify	Yes or No! DATE OF INJUR		A		or well No.	WAS CASE REFE	
J '			"ULUFANAURYRA" Brinteras	IBE HOWINJURY OCCU		25 (Specify Yes o	or No) NO
1 26a 11U	26b	_	- AL VIII	OC HONNINGTON OCCU	RED		
INJURY AT WORK	26b PLACE OF INJU	260		100000			
INJURY AT WORK [Specify Yes or No] 26e	26b PLACE OF INJUI office building. 26f	260	eet, lactory. LOCAT	100000		CITY OR TOWN STAT	ſΕ
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INJURY AT WORK Specify Yes or Not 26e	PLACE OF INJU office building, 26f REGISTRAR'S USE	RY—At home, tarm, streetc.[Specify]	peet, lactory. LOCAT 26g	ON STRE	ET OR R.F.D. NO.	CITY OR TOWN STAT	2 Roy 9 70 D oc.
STATE OF	PLACE OF INJUDENTIAL OF THE PLACE OF THE P	RY—At home, tarm, streetc.(Specify)	ceet, lactory. LOCAT 26g CERTIFIED COPY	OF DEATH RE	ET OR PLF.D. NO.	CITY OR TOWN STAT	2 Rev-8-78 P.5541
STATE OF	PLACE OF INJUDENTIAL OF THE PLACE OF THE P	RY—At home, tarm, streetc.(Specify)	ceet, lactory. LOCAT 26g CERTIFIED COPY	OF DEATH RE	ET OR PLF.D. NO.	CITY OR TOWN STAT	2 Rev-8-78 P.cc.41
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STATE OF This cerrof death	PLACE OF INJUDENTIAL OF THE PLACE OF THE P	RY—At home, tarm, streetc.(Specify)	ceet, lactory. LOCAT 26g CERTIFIED COPY	OF DEATH RE	ET OR PLF.D. NO.	CITY OR TOWN STAT	2 Rev.8-78 P.654
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