

CERTIFICATE OF DEATH

Local File Number

82-002358

Name: John William NYLUND		Date of Birth: February 22, 1982	
Sex: Male	Age: 63	Under 1 year	Under 5 years
City, Town or Location of Death: Grants Pass		Date of Death (month, day, year): May 20, 1988	
Hospital or Other Institution - Name: Highland House		County of Death: Josephine	
State of Birth: Finland	Citizen of What Country: U. S. A.	Married, Never Married, Widowed, Divorced (month, day, year): Married	Spouse (if married, name, date): Edith Nylund
Residence - State: Oregon	County: Josephine	City, Town or Location: Grants Pass	Street and Number or R.F.D. #: 501 S. E. "M" Street
Parents - Name: John Nylund	Mother: Amanda Nylund	Religion: Self-employed	Trade, Co. Name (month, day, year): Yes
Burial: Burial	Cemetery or Crematory - Name: Hillcrest Memorial Park	Location: Grants Pass, Oregon	Relationship to Deceased: Edith Nylund - Wife
Name and Address of Facility: Hill A. Hill, 612 NW "A" Street, Grants Pass, OR 97526		Date Signed: 3/1/82	
Name and Address of Certifier: Ben Prins, M.D., 125 Northeast Manzanita Avenue, Grants Pass, OR 97526		Time: 11:10 P.	
Date Received by Registrars: March 2, 1982		In Lustrum	
Cause of Death: 1. Myocardial Infarction		10 years	
2. Thrombotic Heart Disease		Nn	
3. Coronary Artery Disease		No	
4. Atherosclerosis		No	
5. Hypertension		No	
6. Diabetes Mellitus		No	
7. Chronic Kidney Disease		No	
8. Chronic Liver Disease		No	
9. Chronic Lung Disease		No	
10. Chronic Stomach and Intestine Disease		No	
11. Chronic Skin Disease		No	
12. Chronic Nervous System Disease		No	
13. Chronic Blood Vessel Disease		No	
14. Chronic Bone Disease		No	
15. Chronic Eye Disease		No	
16. Chronic Ear Disease		No	
17. Chronic Mouth Disease		No	
18. Chronic Throat Disease		No	
19. Chronic Nose Disease		No	
20. Chronic Skin Disease		No	
21. Chronic Blood Vessel Disease		No	
22. Chronic Bone Disease		No	
23. Chronic Eye Disease		No	
24. Chronic Ear Disease		No	
25. Chronic Mouth Disease		No	
26. Chronic Throat Disease		No	
27. Chronic Nose Disease		No	
28. Chronic Skin Disease		No	
29. Chronic Blood Vessel Disease		No	
30. Chronic Bone Disease		No	
31. Chronic Eye Disease		No	
32. Chronic Ear Disease		No	
33. Chronic Mouth Disease		No	
34. Chronic Throat Disease		No	
35. Chronic Nose Disease		No	
36. Chronic Skin Disease		No	
37. Chronic Blood Vessel Disease		No	
38. Chronic Bone Disease		No	
39. Chronic Eye Disease		No	
40. Chronic Ear Disease		No	
41. Chronic Mouth Disease		No	
42. Chronic Throat Disease		No	
43. Chronic Nose Disease		No	
44. Chronic Skin Disease		No	
45. Chronic Blood Vessel Disease		No	
46. Chronic Bone Disease		No	
47. Chronic Eye Disease		No	
48. Chronic Ear Disease		No	
49. Chronic Mouth Disease		No	
50. Chronic Throat Disease		No	
51. Chronic Nose Disease		No	
52. Chronic Skin Disease		No	
53. Chronic Blood Vessel Disease		No	
54. Chronic Bone Disease		No	
55. Chronic Eye Disease		No	
56. Chronic Ear Disease		No	
57. Chronic Mouth Disease		No	
58. Chronic Throat Disease		No	
59. Chronic Nose Disease		No	
60. Chronic Skin Disease		No	
61. Chronic Blood Vessel Disease		No	
62. Chronic Bone Disease		No	
63. Chronic Eye Disease		No	
64. Chronic Ear Disease		No	
65. Chronic Mouth Disease		No	
66. Chronic Throat Disease		No	
67. Chronic Nose Disease		No	
68. Chronic Skin Disease		No	
69. Chronic Blood Vessel Disease		No	
70. Chronic Bone Disease		No	
71. Chronic Eye Disease		No	
72. Chronic Ear Disease		No	
73. Chronic Mouth Disease		No	
74. Chronic Throat Disease		No	
75. Chronic Nose Disease		No	
76. Chronic Skin Disease		No	
77. Chronic Blood Vessel Disease		No	
78. Chronic Bone Disease		No	
79. Chronic Eye Disease		No	
80. Chronic Ear Disease		No	
81. Chronic Mouth Disease		No	
82. Chronic Throat Disease		No	
83. Chronic Nose Disease		No	
84. Chronic Skin Disease		No	
85. Chronic Blood Vessel Disease		No	
86. Chronic Bone Disease		No	
87. Chronic Eye Disease		No	
88. Chronic Ear Disease		No	
89. Chronic Mouth Disease		No	
90. Chronic Throat Disease		No	
91. Chronic Nose Disease		No	
92. Chronic Skin Disease		No	
93. Chronic Blood Vessel Disease		No	
94. Chronic Bone Disease		No	
95. Chronic Eye Disease		No	
96. Chronic Ear Disease		No	
97. Chronic Mouth Disease		No	
98. Chronic Throat Disease		No	
99. Chronic Nose Disease		No	
100. Chronic Skin Disease		No	

STATE OF OREGON, COUNTY OF MULTNOMAH

DATE ISSUED AUG 30 1984

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

Return to:
Schultz, Salisbury, Cauble & Medley
P.O. Box 378
Grants Pass, Or 97526

Joseph D. Carney, State Registrar

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON: COUNTY OF KLAMATH:ss

I hereby certify that the within instrument was received and filed for record on the 4th day of September A.D., 1984 at 11:48 o'clock A M, and duly recorded in Vol M84 of Deeds on page 15207

Index: \$1.00
Fee: \$4.00

EVELYN BIEHN, COUNTY CLERK
by: Pam Smith, Deputy