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State of Oregon
OREGON STATE HEALTH DIVISION
Department of Human Resources

CERTIFICATE OF DEATH

Vital Records Unit

Local File Number: 00381

State File Number: 82-010962

Decedent-Name	ROBERT AARON ANDERSON
Date of Death	July 16, 1982
Race	White
Sex	Male
Age	33
Date of Birth	March 29, 1949
City, Town or Location of Death	Milwaukie
Hospital or Other Institution	14531 SE Kingston Ave.
If Hosp. or Inst.	Home
County of Death	Clackamas
State of Birth	Washington
Citizen of What Country	U.S.A.
Married, Never Married, Widowed, Divorced	married
Spouse	Janet Eileen
Was Decedent Ever in U.S. Armed Forces	Yes
Social Security Number	541-58-7443
Usual Occupation	Carpet Installer
Kind of Business or Industry	Construction
Residence-State	Oregon
County	Clackamas
City, Town or Location	Milwaukie
Street and Number	14531 SE Kingston Ave. 97222
Inside City Limits	No
Father-Name	Walter J Anderson
Mother-Maiden Name	Kathleen Joan Eden
Informant	Janet E. Anderson, Wife
Burial, Cremation, Removal	Burial
Cemetery or Crematory-Name	Lincoln Memorial Park
Location	Portland Oregon
Name and Address of Facility	Oregon Funeral Service, 809 N. Portland Blvd. Portland, Oregon 97217
Date Signed	July 16, 1982
Hour of Death	8:00 A. M. (found)
Name and Address of Certifier	Dr. Stephen Golder, MD, 3181 SW Sam Jackson Park Rd., Portland, Oregon
Date Received by Registrar	JUL 21 1982

CAUSE OF DEATH

PART I (a) Cardiopulmonary arrest

due to or as a consequence of (b) Metastatic lung cancer with disease

in lung, liver, brain — 7 months

Accident, Suicide, Homicide	No
Autopsy	No
Was Medical Examiner Notified	Yes
Injury at Work	No

RECEIVED FOR REGISTRAR'S USE

STATE OF OREGON, COUNTY OF MULTNOMAH

DATE ISSUED DEC 11 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.

Joseph D. Carney, State Registrar

NOT VALID WITHOUT 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 7th day of January A.D., 19 85 at 3:54 o'clock P M., and duly recorded in Vol M85 of Deeds on page 234.

Fee: $ 5.00

EVELYN BIEHN, COUNTY CLERK

by: ____________, Deputy

Return: MTC