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Department of Human Resources

CERTIFICATE OF DEATH

Vital Records Unit

22

Local File Number

State File Number

DECEASED—NAME

First

Middle

Last

DATE OF DEATH (month, day, year)

January 14, 1984

RACE

White

SEX

Female

DATE OF BIRTH (month, day, year)

April 28, 1929

CITY, TOWN OR LOCATION OF DEATH

Albany

HOSPITAL OR OTHER INSTITUTION—NAME

Tierce

CITY, TOWN OR LOCATION OF DEATH

Linn

STATE OF BIRTH (if not in U.S.)

North Dakota

CITIZEN OF WHAT COUNTRY

U. S. A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

SOCIAL SECURITY NUMBER

542-32-5574

USUAL OCCUPATION (Give kind of work done during most of working life)

Surgical Supply Technician

KIND OF BUSINESS OR INDUSTRY

Hospital

RESIDENCE—STATE

Oregon

CITY, TOWN OR LOCATION

Linn

STREET AND NUMBER OR R.F.D., ZIP

1432 E. 1st Ave. 97321

FATHER—NAME

Fred Patzlaiff

MOTHER—Name

Lina Rosenkrantz

INFORMANT—NAME and relationship to decedent

Joe Tierce - Husband

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Fred Patzlaiff

MOTHER—Name

Lina Rosenkrantz

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STATE OF OREGON
COUNTY OF LINN

This certifies that the foregoing is a reproduction of a record of death on file with the Linn County Health Department.

Deputy Registrar of Vital Statistics

Date

Jan. 17, 1984

NOT VALID WITHOUT RAISED SEAL OF LINN COUNTY HEALTH DEPARTMENT

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 17th day
of September A.D., 19 85 at 12:50 o'clock P. M., and duly recorded in Vol. M85
of Deeds on Page 15182

FEE \$5.00

Evalyn Biehn

By

County Clerk

Ret: Mr. Ronald W. Payne Box 174 Crescent, OR. 97733