70		VITAL RECORDS	luir ,	State File Nu	mber
Local File Number		CERTIFICATE OF	PEN 111	pate of DEATH (mo	nth, day, year)
ASED NAME Fir Doris		ice Brady	nder 1 year Under 1 c	DATE OF BIRTH (mo	nth, day, year)
American Indian	SEX	(years) 51	a. days hours	<sub>6</sub> July 30	1930
White Black American Specify White Town or Location of Death	HOSPITAL OR OT	58 NAME	IF HOSP OR INST Indicate I OP/Emer., Rm., Inpatient   Sp	Benton	
Corvallis	CITIZEN OF WHAT COL	Mt. View Dr.	7c RIED, SPOUSE (IF M	ARRIED, WIDOWED)	S DECEDENT EVER IN U.S.  MED FORCES? [Specify res or Mo]  NO
E OF BIRTH (If not in U.S.A., country) CONNECTICUT	LIC A	Married	11 James	L. Brady 12 F BUSINESS OF INDUSTRY	110
AL SECURITY NUMBER	USUAL OCCUP	ATION (give kind of work done during the retired)	9	Own Home	Inside City Limits
42-24-0514	14a HOUSE	CITY, TOWN, OR LOCATION	STREET AND NUMBE	RORRED, ZIP <u>9/33</u> U M+ Viow Dr.	(specify yes or m)
DENCE-SIAIE	Benton	15c Corvallis ER-Maiden Name first n	INFOR	MANT-NAME and receive	p to deceased
HER-NAME first Inido	e last MOTH	Irene Donais	s 18 Ja	mes L. Brady-l	state
E CHILD TO N	OFFIETERY OR CREMA	rony—NAME	190	Corvallis;Or	e
IOVAL, MAUS. (Speciff	196 St. Mary	S Catholic		S N W 5th St	.;Corvallis,Ore.
HERAL SERVICE LICENSEE OF PE	With the	McHenry Funeral	Home, Inc.; 20	ay. 1/2 HO	UR OF DEATH
fro the bost of my knowledge.	beath occurred at the time	da,e and place and	216 3/2		: 11:00 P. M
Odue to the cause(s) stated  21s [Signature]  NAME AND ADDRESS OF C		<del> </del>	W. SAMARIT	in Dr. GRY	, Allis, J. 2. 9/33
TE 21d GEORIA	11 1 2 2 - 17 P		W. DAMACIT	110	
NAME OF ATTENDING PHY	SICIAN IF OTHER THAN	SECULE OF 1-1200 Security			
ATE DECEIVED BY REGISTRAR	[Mo., Day, Yr.]	REGISTRAR	i ki Wa	ters	Interval between onset and death
2 Febr. 25,1		22b (Signature) NLY ONE CAUSE PER LINE FOR [a].	[b]. AND [c].]		(20.10
3. IMMEDIATE CAUSE	stell /	Brinst Cinn	ur		Interval between onset and death
DUE TO, OR AS A CONSEQUE	ENCE OF:	<del></del>			Interval between onset and death
(b) DUE TO, OR AS A CONSEQU					ł
DUE TO, OR AS A CONSEGU		in a to death but not related to C	cause given in PART I (a)	AUTOPSY [Specify Yes or No] No	WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or Ab) Yes
ART OTHER SIGNIFICANT CO	ADITIONS—Conditions co	ntributing to death but not related to o	DESCRIBE HOW INJURY	24 NO	25
ACCIDENT [Specify Yes or No]	DATE OF INJURY (Mb., D	y, Y.] HOUR OF INJURY	}		Y OR TOWN STATE
NO NO	26b	e, farm, street, factory.	26d CATION STRE	ET OR R.F.D. NO. CIT	1 OA 10111
INJURY AT WORK ISSOCIATE YES OF ADI NO	tice building, etc. (Specify	] 26	39		
RESERVED FOR REGISTRAR'S			•		
				<del></del>	
	• •	·			HS-2 Rev-1
· ·					tunnscript of
		at the foregoing	is a correct	and complete	transcript of
<b>7</b> 1. 5	contifies th	iat the ioi-j-	' <u>'</u>	THE DOCUMENT OF THE PARTY OF TH	
This a re	certifies th	on file with the	e Benton Cour	ity Hearth Depo	
This a re	certifies the cord of deat	nat the foregoing n on file with the	٦ .	· 6: 1,70	torsow
This a re	certifies the	on file with the	٦ .	· 6: 1,70	torsow Statistics
This a re	certifies the cord of deat	on file with the	٦ .	trar of Vital	torsow Statistics
This a re	C.(Seal)	T OIL TITE	By Regis	trar of Vital	toxarw Statistics, 1982
This a re	C.(Seal)	T OIL TITE	By Regis	trar of Vital	toxarw Statistics, 1982
This a re	C.(Seal)	on file with the	By Regis	trar of Vital	toxarw Statistics, 1982
This a re	C.(Seal)	T OIL TITE	By Regis	trar of Vital	toxarw Statistics, 1982
This a re	C.(Seal)	T OIL TITE	By Regis	trar of Vital	toxarw Statistics, 1982
a re	(Seal)	IT A RAISED SEAL (	ByRegis Date	trar of Vital	toxarw Statistics, 1982
a re	(Seal)	T OIL TITE	By Regis	trar of Vital	Statistics  19 82  DEPARTMENT.
a re	(Seal)	IT A RAISED SEAL (	By Regis Date J  OF THE BENTON  ss.	trar of Vital  LS. 25  COUNTY HEALTH	Statistics  19 82  DEPARTMENT.  the 30th y recorded in Vol M85
a re	OREGON: COU	IT A RAISED SEAL (	By Regis Date J  OF THE BENTON  ss.	trar of Vital	Statistics  19 82  DEPARTMENT.  the 30th y recorded in Vol M85

Ret: James L. Brady