S D. TAG NO.		ENT OF HUMAN RE Vital Records Unit		State File Number	
U1410 Local File Number 1/17	C-ZOUSE CEF	RTIFICATE OF DE	2. SE	X 3. DATE OF DEATH (MON	th, Day, Year)
CEDENT'S First	T.ee	NIX S	ST. M 6. BIRTHPLACE (City and State or E	Foreign 7. DATE OF BIRTH	(Month, Day, Year)
	- Last Birthday 5b. UNDER 1	HOURS WILLS	Country)		, 1934
-32-1806	<u>"53 " </u>	9a PLAC	DE OF DEATH (Check only one) OTHER: Nursing Home Deced	its Davidence D Other (Speci	iy)
S DECEDENT EVEN IN HOSPITAL	M Inpatient ☐ ER/O	utpatient DOA 9c. CITY,	, TOWN, OR LOCATION OF DEATH		ane
ACILITY NAME (If not institution, give			Eugene	Married 12. SPOUSE (If Ma	rried, Widowed)
Sacred Heart DECEDENTS USUAL OCCUPATION		BUSINESS/INDUSTRY	Never Married, Widow Divorced (Specify)		
(Give kind of work done don's On not use retired.)		utomotive	Married 13d STREET AND	Shirle	Y
tomotive Techn	TY 13c CIT	Y, TOWN, OR LOCATION	4451 Al	lyn Street	DUCATION
regon Klam	nath <u>IKla</u>	math Falls OF HISPANIC ORIGIN? - Il yes specify Cuban.	15. RACE American Indian, Black, White, etc. (Specify)	16: DECEDENT S E (Specify only highest grade) Elementary/Secondary (0-12)	
E. INSIDE CITY 131. ZIP CODE LIMITS?	(Specify No or Yes Mexican, Puerto Rk Specify:	of Hispanic Origin; - If yes, specify Cuban, can, etc.) M No Yes		1 9	
1 Yes X No 97603	118 MO	OTHER - NAME first mick	dle maiden 19 INFORM	MANT - NAME and relationship to or Y L. Nix Jr.	-Son
7. FATHER - NAME first mide ROSCOE -	Nix Ma:	rtha E. McC	corn Jenus cemetery, crematory, or 20c. LC	OCATION - City or Town, State	
ALL METHOD OF DISPOSITION LIN	Aausoleum 20b. PLA om State	r place)	多为学学等的 电上电报	amath Falls.	Oregon
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23.1IME OF BEALT.	Z Yes ∟ No		28. On the basis of examination at the time, date, place an	on and/or investigation, in my of d due to the cause(s) stated.	pinion ceau, cocosu
25. To the bost of my knowledge, of due to the cause(s) stated.	death occurred at the time, o		(Signature)		COUNTY
(Slonatore)	_/// <u>Lea</u> _		29. DATE SIGNED (Month, Da)	y, Year)	COUNTY
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