

WHEN RECORDED MAIL TO:
Genevieve Roycroft
P.O. Box 4223, Kingman, AZ 86401
5515

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

Vol. M89 Page 8536

CERTIFICATE OF DEATH

Local File Number: 5515
DECEASED—NAME: LEO RAYMOND ROYCROFT
DATE OF DEATH (month, day, year): 2 October 30, 1980
DATE OF BIRTH (month, day, year): 6 May 6, 1909
CITY, TOWN OR LOCATION OF DEATH: Portland
CITY, TOWN OR LOCATION OF BIRTH: Multnomah
STATE OF BIRTH (if not in U.S.): Oregon
SOCIAL SECURITY NUMBER: 528 01 4358
RESIDENCE—STATE: Oregon
FATHER—NAME: James T. Roycroft
MOTHER—Name: Frances Scharbach
CITY, TOWN OR LOCATION: Portland
STREET AND NUMBER OR R.F.D., ZIP: 1906 NE 119th 97220
INFORMANT—NAME and relationship to deceased: Self
LOCATION: Portland, Oregon
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): OCT 31 1980
IMMEDIATE CAUSE: Cardiac Monar Direct
DUE TO, OR AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not related to cause given in PART I (n)
ACCIDENT (Specify Yes or No):
DATE OF INJURY (Mo., Day, Yr.):
HOUR OF INJURY:
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):
WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): Yes
INTERVAL BETWEEN ONSET AND DEATH: 10 min
INTERVAL BETWEEN ONSET AND DEATH: 1 hr
INTERVAL BETWEEN ONSET AND DEATH:
AUTOPSY (Specify Yes or No): No
WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): Yes
RESERVED FOR REGISTRAR'S USE

STATE OF OREGON, COUNTY OF MULTNOMAH ss
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 RAISED SEAL OF OREGON STATE HEALTH DIVISION

MICROFILMED
FEE NO. 81-15730 INDEXED MISCELLANEOUS PROOFED
RECORDED AT REQUEST OF _____ LAWYERS TITLE _____
DATE MAY 6 1981 - 3 20 PM IN BOOK 712 of OFFICIAL RECORDS.
PAGE (S) 197 RECORDS OF MOHAVE COUNTY, ARIZONA.

RETURN:
STATE OF OREGON: COUNTY OF KLAMATH 712 PAGE 197
Filed for record at request of _____ Fidelity Mtge. Services _____
of May A.D., 19 89 at 9:18 o'clock A.M., and duly recorded in Vol. M89
of _____ Deeds _____ on Page 8536
By Evelyn Biehn County Clerk
FEE \$8.00
Return: Fidelity Mtge. Services
P.O. Box 14, Salem, Or. 97308

