RECORDED MAIL	TO: - 7.00	STATE STATE	E OREGON HEALTH DIVESION LITMAN RESTURGES	Vol. <u>:://</u> F	age
ieve Foycroft Box 4223, Kin	igman, AZ 86401 55 <b>15</b>		HUMAN RESOURCES scords Unit TE OF DEATH	State File P	onth, day, year)
	ocal File Number	Middle	POYCEDET	2 October	30. 1980
DICEASED NAME	LEO	RAYMOND AGE—Last arthday (years)	Under 1 x ser Under 1 x ser I hou	May 6,	1909
s FACI White, Black, Cic. (specify) Whit	American Inclair	3 5a 1	5b SC.  #### SP HOSE OF INST II OP/Ener: Rm. Inpal	iers (Spacify) Multing	Mah Was Decedent Ever in U.S. URINED FORCES? (\$030) Yes or Au]
71 port	tland 70	1906 NE 11911	NEVER MARRIED. SPOUS	ENEVIEVE	yes Yes
7a FUI STATE OF BINTH name country)	gon g U.S	JAL OCCUPATION (give kind x w	work done during most	Appliance 3722	Inside City Limits (specify yes or no)
SCCIAL SECURIT	3 01 4358 14a	Nomah 15c Portla	ocation STREET AND	6 NE 119th INFORMANT_NAME and rolation	15e NO
OF RESIDENCE-SI	C GO	. G. H. <b>L. Tit</b> riis, it displayed <b>i</b> to part till	first middle last	City or town	state
FATHER NAME	T KOVCIUIU	OR CHEMATORY NAVE		Portland,	<u>)regon</u>
	CHINEEE Or Perion Acting A	ncoln Memorial P. As Such NAME AND ADDIES	-Allen Funera	Home, 223 SE 122	HOUR OF DEATH
FUNERAL SER	a bost of my knowletger death occurry or the cause(s) stated	red at the time, date and place and	216	10/30/00	-7007
25 2141	ADDRESS OF CENTIFICATION	T M D		ay Portland, On	
Par July Sulling Nav	Keith 5. Hans	THER THAN CERTIFIER (190	Print)	1 mic AM. I	<i>'</i> ,
	TO BY REGISTRAR (MD. Day. Y	REGIST RAH	· Luxue	19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Interval between onset and death
H GAVE BE TO 228 EDIATE 23 IMM	OCT 5 1 100	ENTER ONLY ONE CAUS.	Oner?		Interval between onset and death
AUSE /	TO, OHAS A CONSEQUENCE OF:	na /			Interval between poset and death
		X	Lant miated to caus a given in F	ART I (II) AUTOPSY [Specify I	WAS MEDICAL EXAMINER NOTIFIED  [Specify Yes or No]  25  Yes
(c)	TO, OR AS A CONSEQUENCE OF:	Conditions contributing to death t	OF INJURY OESCRIBE H	OW INJURY OCCURRED	STATE
162.9 ACCIDE	TI Specify Yes or No. DATE OF It	NURY (Mo. Day: 17.)	M 2:xd	STREET OR R.F.D. NO	CITY OR TOWN STATE
26a INJURO	Y AT LYORK PLACE OF II office building 261.	NJURY - At home: larm, strest, facing, etc. [Specify]	269		
26e RESE	FNED FOR REGISTRATS USE				HS-2 Rov
				minum,	
				HE STATE	
				DATE ISSUED NO	VEMBER 18 1980 THE ORIGINAL DOCUMENT
	OF OREGON, COUNTY	OF MULTNUMATION HE FOREGOING COP			
STATE C	CEDITIFY INAL II	RECT COPY OF THE	URIGINAL DEVISION	AND IN MY ULT	TAL
STATE C I HEREE IS A TI	RUE, FULL AND COR	HE OREGON STATE	HEALIN DINGS	and the second	25to Penistrar_
STATE ( I HEREF IS A TI VITAL	RECORDS UNIT OF T	HE OKEGON 3	193	reach D. Car	ney, State Registrar
STATE C I HEREF IS A TI VITAL	RECORDS UNIT OF T	HE OREGON 3	CEAL OF TREGON	reach D. Car	ney, State Registrar
STATE C I HEREF IS A TI VITAL	RECORDS UNIT OF T	HE OKEGON 3	CEAL OF TREGON	Joseph D. Car STATENHEALTH DI	ney, State Registrar
STATE C I HEREL IS A TI VITAL	RECORDS UNIT OF T	D. WITHOUT RAISED	SEAL OF DREGON	Joseph D. Car STATE HEALTH DI	ney, State Registrar
STATE C I HEREI IS A TI VITAL	RECORDS UNIT OF T	D. WITHOUT RAISED	SEAL OF TREGON  MISCELLANEOUS	Joseph D. Car STATENHEALTH DIV ROOFED	ney, <u>State Registrar</u> /ISION
STATE C I HEREI IS A TI VITAL	NOT VALIF  MICROFIL  FEE NO. 81-15	MED  REQUEST OF	SEAL OF TREGON  MISCELLANEOUS  LAWYER	Toseph D. Car STATENHEALTH DIV ROOFED STITLE	ney, State Registrar
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STATE C I HEREI IS A T VITAL	MICROFIL  FEE NO.  RECORDED ATE  MAY 6	MED  MED  MEQUEST OF  1981 -3 20 PM	SEAL OF PREGON  MISCELLANEOUS  LAWYER	Toseph D. Car STATE HEALTH DIV  ROOFED  S TITLF  DOK 712  S OF MOHAVE COUNT	of OFFICIAL RECORDS,
STATE C I HEREI IS A TI VITAL	MICROFIL  RECORDED ATE  MAY 6  PAGE (S)	MED  MED  MEQUEST OF  1981 -3 20 PM	SEAL OF PREGON  MISCELLANEOUS  LAWYER	Toseph D. Car STATE HEALTH DIV  ROOFED  S TITLF  DOK 712  S OF MOHAVE COUNT	of OFFICIAL RECORDS, TY, ARIZONA.  JOAN McCALL RECORDER by
VITAL	MICROFIL  MICROFIL  MICROFIL  RECORDED AT  DATE MAY 6  PAGE (S)  RETURN:	MED  TREQUEST OF  1981 -3 20 PM	SEAL OF DREGON  MISCELLANEOUS LAWYER IN BOTH	TOSEPH D. CAN STATESHEALTH DIS  ROOFED  S TITLF  OOK 712  S OF MOHAVE COUNT	of OFFICIAL RECORDS, TY, ARIZONA.  JOAN McCALL, RECORDER by Jurant
VITAL	MICROFIL  MICROFIL  MICROFIL  RECORDED AT  DATE MAY 6  PAGE (S)  RETURN:	MED  MED  MED  MEQUEST OF  1981 -3 20 PM  197	SEAL OF JREGON  MISCELLANEOUS  LAWYER  IN BOTH	Toseph D. Car STATENHEALTH DIV  ROOFED  S TITLF  OOK 712  S OF MOHAVE COUNT  1861	of OFFICIAL RECORDS, TY, ARIZONA.  JOAN McCALL RECORDER by / / / / / / / / / / / / / / / / / / /
VITAL	MICROFIL  MICROFIL  MICROFIL  RECORDED AT  DATE MAY 6  PAGE (S)  RETURN:	MED  MED  MED  MED  MEQUEST OF  1981 -3 20 PM  197  OUNTY OF KLAMATI  ANTIK  Est of	SEAL OF DREGON  MISCELLANEOUS  LAWYER  IN BOTO  RECORD  TH 712 PAUL 197  idelity Mi-ze, Se at 9:18 ocio	TOSEPH D. Car STATE HEALTH DIV  ROOFED  S TITLF  OOK 712  S OF MOHAVE COUNT  AND THE STATE HEALTH DIV	of OFFICIAL RECORDS, TY, ARIZONA.  JOAN McCALL, RECORDER by Jurant