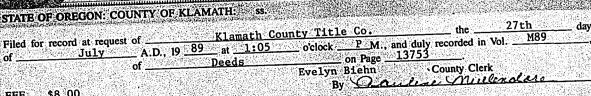
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C-2749]	OREGON STATE HEALTH DEPARTMENT OF HUMAN RE	SUUNCES	002020			
151 Local Fée Number	Vital Records Unit CERTIFICATE OF DE	EATH 1 105 State	File Number			
ECEDENTS FEN	lovd BRIDG	E CRD	January 28, 1988			
SOCIAL SECURITY NUMBER 52 AGE - Last British	St. UNDER 1 YEAR Sc. LINDER 1 DAY Mos. Days Hours Mrs.	6. BRITHSPLACE (Cay and State or Foreign Country) Dayton, Ohio	Oct. 19, 1924			
WAS DECEDENT EVER IN	U SR/O enthal DOA	E OF DEATH (Check only one) Others	idence [] Other (Specify)			
FACILITY NAME (If not institution, give street and in	uniter) 9c CITY	TOWN, OR LOCATION OF DEATH	Marion			
305 Idylwood Dr. S. In DECEDENT'S USUAL OCCUPATION (Give hard of work done during most of working Me. Do not use retried)		11, MARITAL STATUS - Married, Alguer Married, Wildowed, Divorced (Specify)	12. SPOUSE (# Marriod, Wildowed)			
Printer	Printing Business Married Martha Eridg					
Oregon Marion	Salem	305 Idylwoo	16 DECEDENT'S EDUCATION			
30 INSIDE CITY 131 ZIP CODE 14. WA LIMITS? 150 Me	S DECEDENT OF HISPANIC ORIGIN?, ectly No or Yes + If yes, specify Cuben, vicin, Puvrto Rican, etc.) pt No U Yes	Black, White, etc. (Specify) Element	Specify only highest grade completed) ary/Secondary (0-12) College (1-4 or 5+)			
SI Yes □ No 97302 Social Soci	cofy:	maiden 19. NFORMANT - N	ME and relationship to deceased			
Clyde Osburn Bridgford		Gordon Martha A	. Bridgford, Wife Cay or Town, State			
20a METHOD OF DISPOSITION D Mausoleum D Burial St Cremation D Removal from State	city View Crem	Salem Oregon				
☐ Doration ☐ Other (Specify) 21a SIGNATURE OF FUNERAL SERVICE LICENSEE PERSON ACTING AS SUCH	OR 21b LICENSE NUMBER (OF LEGISSE)	R 22 NAME, ADDRESS AND EP OF FACULTY. Inc.				
Thomas P. Ander	47-3489	605 Commercial Salem: Oregon	97301			
TO BE COMPLETED BY CER	TIFYING PHYSICIAN	TO BE COMPLETED ON 27s TIME OF DEATH 27b DATE PRON	V DY METECAL FYAMINTER			
23. TIME OF DEATH 24. WAS MEDICAL 1990 SPINO	EXAMBLER NOTIFIED?	27a. Time: CV GOLD M M M 28. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated.				
25. To the best of my knowledge, death occurred due to the cause(s) stated.	at the time, date, place and	28. On the beels of externation should at the time, date, place and due to the (Signature)	ng course(s) stated.			
Mudoe S. Dh	<u>es:</u>	29. DATE SKINED (Morth, Day, Year) COUNTY				
26 DATE SIGNED (Month, Day, Year)	The state of the s					
30 NAME, TITLE, ADDRESS AND ZIP OF CERTIF	clulty mb.	BOI MISELM SE.	Sulam, Orage 4930			
31, NAME OF ATTENDING PHYSICIAN IF OTHER	THAN CERTIFIER	Parameter A	med.			
32 INMEDIATE CAUSE (ENTER ONLY ONE CAUSE PART (3) Charies Ohs	E PER LINE FOR (a), (b), AND (c)) Do not en	or mode of dying, e.g. Cardaz or	and death anglains			
DUE TO, OR AS A CONSEQUENCE OF:			and death y Cours Interval botween onset			
DUE TO, OR AS A CONSEQUENCE OF:			and death			
PART OTHER SIGNIFICANT CONDITIONS - CO	citions contributing to death but not related to car	use given in PART 1 (a)	33. AUTOPSY 34. E YES were Endings considers in determining cause of death.			
132 MOTARETE OF DESIGN		LURY 384 DESCRIBE HOW INJURY OF	CURRED			
©Riatural : ☐ Pending : investigation :	O*	e 🗆 Alo	er or Rural Route Number, City or Town, State)			
Succee Undetermined 36e P	LACE OF BLURY - At home, farm, street, factory ukting, etc. (Spooty)	Control of the Contro				
37. REGISTRAR'S SIGNATURE	nend 38 DATE	NAC TO A SUBSECT TRANSPORT OF SAME STREET, AND ASSESSED IN	B 2 1988			
33 DID HOSPITAL REPRESENTATIVE MAKER	EQUEST FOR ANATOMICAL GIFT CONSENT?	40 WAS GIFT MADE?				
PES NO BLAVA RESERVED FOR REGISTRAR'S USE			Maria de la companya			
			A STATE OF THE PARTY OF THE PAR			

I CERTIFY THAT THIS IS A TRUE FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION

JUL 24 1989 DATE ISSUED



FEE \$8.00 Return: Martha Bridgford 303 Bradley Dr. SE#29,Salem,Or.97302