

STATE OF IDAHO

DEPARTMENT OF HEALTH AND WELFARE



COOPERATIVE CENTER FOR
HEALTH STATISTICS - VITAL
STATISTICS 89-15815

450 W. STATE ST.
BOISE, IDAHO 83720

BOOK 1077 PAGE 407

CERTIFICATE OF DEATH

DATE FILED: AUGUST 29, 1989 STATE FILE NUMBER: 89-04497
DECEDENT: BERNICE LEHRMAN SHOLD
DATE OF DEATH: AUG. 15, 1989 PLACE OF DEATH: IDAHO
DATE OF BIRTH: SEPT. 26, 1921 PLACE OF BIRTH: IDAHO
AGE: 67 YEARS SEX: FEMALE VETERAN? NO
MARITAL STATUS: MARRIED SURVIVING SPOUSE: WALTER SHOLD
SOCIAL SECURITY NUMBER: 543-12-7824 RESIDENCE: SALEM, OREGON
FATHER: JOHN V. LEHRMAN
FATHER'S BIRTHPLACE: KANSAS
MOTHER (MAIDEN): ANNA S. DALKE
MOTHER'S BIRTHPLACE: KANSAS
MORTUARY: WOOD RIVER CHAPEL
MORTICIAN: RUSSELL D. MIKEL
CERTIFYING CORONER: RUSSELL MIKEL
1. CAUSE OF DEATH, UNDERLYING CAUSE LAST:
UNDETERMINED NATURAL CAUSES
2. OTHER CONDITIONS CONTRIBUTING TO DEATH BUT UNRELATED TO ABOVE CAUSES:
NONE LISTED

HAILEY, IDAHO
DISPOSITION: REMOVAL

AUTOPSY: NO

INTERVAL
MINUTES

STATE OF OREGON }
COUNTY OF DOUGLAS } SS.
I, GAY FIELDS, COUNTY CLERK AND RECORDER
OF CONVEYANCES, DO HEREBY CERTIFY THAT
THIS INSTRUMENT WAS RECORDED

1989 OCT 11 PM 3:53

DATE ISSUED: OCTOBER 05, 1989

GAY FIELDS, COUNTY CLERK

IN THE OFFICIAL RECORDS OF DOUGLAS COUNTY

This is to certify that this is a true and correct reproduction or abstract of the official record
filed with the Idaho Department of Health & Welfare, Boise, Idaho.

BY *[Signature]*

DEPUTY

[Signature]

RICHARD W. BLAIR, State Registrar

DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH EMBOSSED SEAL OF IDAHO
DEPT. OF HEALTH & WELFARE CLEARLY AFFIXED.

Section 39-273, Idaho Code

HW01039

89-15815

DEPARTMENT OF HEALTH AND WELFARE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Walter Shold the 18th day
of Oct. A.D., 19 89 at 11:31 o'clock AM., and duly recorded in Vol. M89,
of Deeds on Page 19821.

FEE \$8.00

Return: Walter Shold

4093 Sylvia St. SE, Salem, Or. 97301

Evelyn Biehn County Clerk

By *[Signature]*