| 2011   | 105'<br>I.D. TA  | G NO.  |  |  | NTED EC  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  | T 41   | 4  | ٦  | CEI  | NTER FO  | FICATE   | OF DEAT  | H  |  |  | te File Numb   | er<br>DEATH (No.   | nih, Cay, Year)  |
|  | LOCAL FIL  | e Number<br>First  |  | Mid  |  |  | Lest   |  |  | z. sex<br>M  | Novem  | her 5  | 1991   |
| 1  | NAME   | Leon   | 12 1051-01   |  | oseph  |  | SCIURBA,   | RIRITHE  | LACE (City and   | State or Foreig  | n 7. DATE OF   | Birth task   |  |
|  | 573-09-8   | ATY NUMBER<br>813  | (Years)  | 69 40  |  | Hours  | Mins.  | Los  | Angele:  | s, CA  | Decem  | iber 5   | , 1921   |
| `  | A WAS DECEDEN<br>US ARMED FO   | T EVER IN  |  |  |  | []DOA  | OTHER   No   | sina Ho  | ome () Decede  | nt's Home 🕱  | Other (Specify)  | Ambul  | ance   |
| ECEPENT  | [] Yes WHO   |  | IOSPITAL []  | treet and num  | Derl   |  | Igc. CITY, TO  | WN, O  | R LOCATION C   | F DEATH  |  | Klam   | * ( * ( * - / / .  |
|  | Enroute  | to Mer   | le West  | Megrca   | 1 Cente  | r  |  | atn  | Falls  | TATUS - Marri  | rd. 12. SPOUSE   | (II Married  | (Lidnard)  |
|  | 10a DECEDENT   | S USUAL OCC  | CUPATION<br>ring most of we  | orking We.   |  |  |  |  |  |  | Tere   | esa R.   |  |
|  | Die Make   | er   |  | 1 1  | recisio  | n Manu   | facturin   | ıg   | Marrie   | ND NUMBER  |  |  |  |
|  | 13A. RESIDENCE   | STATE  | 35. COUNTY<br>Klamat   | . 1  | Rest.ts  | <b>7</b> .   |  |  | P.O. B   | ox 174   | 16 DECED   | ENT'S EDU  | CATION   |
|  | Oregon  13n. INSIDE CITY   | 7 131. ZiP 1   |  | 14 WAS DEC   | CEDENT OF HI<br>or Yes - If yes,<br>erio Filcan, etc.  | SPANIC ORK   | 31N7 15  | Black, V   | American Ind<br>White, etc. (Spe   | cify) Elem   | (Specify only he<br>entary/Seconda   | ry (0-12) C  | ollege (1.4 or 5+1   |
|  | 1  | 976  | 21   | Mexican, Put<br>Specify:   | erio Filcan, elc   | ) ALI ON LAK   | L  | <u> </u>   | White  | 1  | 12<br>NT NAME and  |  |  |
|  | Yes 25 No  | 1  | middle   | last 18  | B. MOTHER - N  |  |  | alden  |  | Teresa   | R. Sci   | urba,_   | wife   |
| PARENTS  | Joseph   | _  | Sciur  | ba   | Anna.  | DISPOSITIO   | Montago<br>N (Name of cem  | elery, C   | crematory, or  | 20c. LOCATIO   | XN - City or Tow   | m, State   |  |
| u botane   | 20a, METHOD C  | F DISPOSITE<br>Cremation []1   | ON []Mausol<br>Removal (mm.)   | State  | other place  | l<br>Ismaar l  | Comet.emr  |  |  | Klama  | h Falls  | , OR   | 97603  |
| DISPOSITION  | Ci Donation  | Other (Spec  | :(fy)  |  | Mt. Ua   | TARLA ,  | Cemetery<br>SE NUMBER  |  | AME, ADDRES  | TID TID OF   | FACILITY   | renpor   | 's Chapel  |
|  | 214. SUPREMIUT   | CTING AS S   | AL SERVICE   | ACETISE <del>E ON</del>  | M  | 1  | enser)<br>0124   | ء ا  | +ha Car  | nd Sheni   | herd, 64<br>regon 97   | <b>20 50</b> .   | . 0611 50.,  |
|  | den  | n) (   |  | Lucy   | ort  |  |  | 24, FI   | EGISTRAR'S SI  | GNATURE  | 1  | <del></del>  |  |
| PEGISTRAF  | 23. DATE FILE  |  | NOV 1  | 2 1991   |  |  |  |  | mes  | Bes  | medy   |  |  |
|  | 25 DID HOSPITAL REPRESENTATIVE MAKE REQUE  |  |  |  | ST FOR ANATOMICAL GIFT CONSENT?  |  |  |  | IAS GIFT MAD   |  |  |  |  |
| (  | LIVES  | ∐NO [  | Ø N/A  | 2715   | egen at the  | 0.000  | 0.206  |  |  |  | , .  | CAL EYAMID   | IFR  |
| <u> </u>   | _(   | 10 BE  | COMPLETED  | BY CERTIFYIN   | IG PHYSICIAN   |  | <b>I</b> ,   | ta TIM   | TO BE  | 31b. DATE F  | MILY BY MEDIC  | DEAD (Mont   | h Day, tear, lines   |
|  | 27 TIME OF   |  | l .  | DICAL EXAMI  | HER HOTIFIED   |  |  |  |  | 1  |  |  | <u> </u>   |
| 1  |  |  |  | F 1  |  |  |  |  | N  | <u> </u>   | election   | In my oci  | ion death peruted  |
|  | - 13:/   | 45 P N   | A Ki Yes   | Occurred at the  | e time, date, p  | ece and  | 3  | 2. On 1  | the basis of ex<br>he time, date, p  | emination and<br>lace and due  | or investigation<br>to the cause(s)  | , in my opin<br>and manner   | sion death presset   |
| CERTIFIE   | 29 To the be   | st of my know  | Hedge, death of manner state   | ONO<br>occurred at the   | ę time, date, p  | nce and  |  | ►{S/gi   | nature)  |  |  |  |  |
| CERTIFIE   | 29 To the bedie to the (Signar)  | st of my know<br>cause(s) and<br>ure)  | mariner state  | CINO<br>occurred at the  | ę time, date, p  | ace and  |  | ►{S/gi   | the basis of exited three, date. English (Mo   |  |  |  | COUNTY   |
|  | 29 To the bedie to the (Signal)  | st of my know<br>cause(s) and<br>ure)<br>SNED (Month,  | Day, Year)   | occurred at the  |  |  |  | ►{S/gi   | nature)  |  |  |  |  |
|  | 29 To the bedie to the (Signal) 30. DAJE SK  | st of my know<br>cause(s) and<br>une)<br>GNED (Month,<br>er 6, 1   | pletige, death of manner state  Day, Year)   | occurred at the  |  |  | Or Prints  | DAT  | E SIGNED (Mo   | nih, Dey, Year   |  |  |  |
|  | 79 To the bedden to the service of t   | st of my knows cause(s) and me) SNED (Month. er 6, 1 ITLE, ADDRES Chatro   | Day, Yeer) SS AND ZIP ODUX, MD B PHYSICIAN I   | F CENTIFIERO  2300  FOTHER THA   | MEDICAL EXAL<br>Clairmo  | MINER (Type<br>nt, Kl  | or Print)<br>emath Fa  | D DAT  | e signed (Mo   | nih, Day, Year<br>1 97601  |  |  | COUPLI V   |
| 234  | 79 To the bedden to the service of t   | st of my know a causels and me!  SNED (Month, er 6, 1)  ITLE, ADDRESS  Chatro  F ATTENDING   | Day, Yeer)   | F CENTIFIERO  2300  FOTHER THA   | MEDICAL EXAL<br>Clairmo<br>IN CERTIFIER  | MINER (Type  Tt, Kl.  Type or Prin  (a), (b), AND  | or Print) emath Fa   | DAY  | e signed (Mo   | nih, Day, Year<br>1 97601  |  | Int  | d death  |
| CONDITION IF ANY WHICH TO SEE TA   | To the be die to the service of the  | st of my know a causels and me!  SNED (Month, er 6, 1)  ITLE, ADDRESS  Chatro  F ATTENDING   | Day, Yeer)   | F CENTIFIERO  2300  FOTHER THA   | MEDICAL EXAL<br>Clairmo<br>IN CERTIFIER  | MINER (Type  Tt, Kl.  Type or Prin  (a), (b), AND  | or Print) emath Fa   | DAY  | e signed (Mo   | nih, Day, Year<br>1 97601  |  | Int an   | enal between onset year's enal between onset year's enal between onset   |
| CONDITION IF ANY VHICH GA RISE TO RIMEDIA  | NOVE TO THE PART (M)   | SHED (Month. er 6, 1 iiite, address Chatro f Attendance Corone   | Day, Yeer)   | F CERTIFIERD , 2300 F OTHER THA  | MEDICAL EXAL<br>Clairmo<br>IN CERTIFIER  | MINER (Type  Tt, KL  (Type or Prin  (a), (b), AND  | or Print)<br>emath Fa  | DAY  | e signed (Mo   | nih, Day, Year<br>1 97601  |  | int<br>an<br>an<br>int   | erval between onset<br>d death<br>years<br>erval between onset<br>d death  |
| CONDITION IF ANY WHICH TO SEE TA   | To the De die to the to   | cause of Month. er 6, 1 inte, Address Chatro FATIENDING ATE CAUSE (E Corons 10, OR AS A  | Day, Yeer) 1.991 SS AND ZIP ODUX, MD, 3 PHYSICIAN I  | F CERTIFIERO  , 2300  F OTHER THA  ONE CAUSE P  ery Dis  CE OF:  | MEDICAL EXAL<br>Clairmo<br>IN CERTIFIER  | MINER (Type  Tt, KL  (Type or Prin  (a), (b), AND  | or Print) emath Fa   | DAY  | e signed (Mo   | nih, Day, Year<br>1 97601  |  | int<br>ann<br>an<br>ini  | enal between onset year's enal between onset year's enal between onset   |
| CONDITION IF ANY VIVICE GAMES IN CONDITION I | NOVE DUE TO THE PART (a) DUE TO THE PART (a) DUE TO THE PART (b) DUE TO THE PART (c) D   | at of my Proceedings of my Pro | Dev. Veer) 1991 SS AND ZIP OF DULK, MD, SPHYSICIAN IN ENTER ONLY Art- CONSCOUEN CONSCOUEN  | F CERTIFIERO  , 2300  F OTHER THA  ONE CAUSE F  ery Dis  CE OF:  | MEDICAL EXAL<br>Clairmo<br>IN CERTIFIER  | MINER (Type  Tt, KL  (Type or Prin  (a), (b), AND  | or Print) emath Fa   | 11s  | E SIGNED (Mo , Oregol of dying, e.g. (   | nth, Day, Year<br>1 97601  | piratory Arrest  | int<br>an<br>int<br>an<br>int<br>an  | country  renal between onset of death years emal between onuel of death  |
| CONESTION IF ANY WHICH GA RISE TO RIMEDIA CAUSE STATING I  | 30. DAJESK<br>NOVEMBL<br>33. NAME. T<br>Sylvia<br>35. NAME OUT<br>THE TOUR COLUMN OF THE TOUR COLUMN OF THE TOUR OUT THE TOU  | at CAUSE (E COPONE TO, OR AS A   | Day, Yeer) 1.991 SS AND ZIP ODUX, MD, 3 PHYSICIAN I  | F CENTIFIERA  , 2300  F OTHER THA  ONE GAUSE F  ery DLS  CE OF:  | MEDICAL EXAL<br>Clairmo<br>IN CERTIFIER  | MINER (Type<br>nt, Kl.<br>(Type or Prin<br>(a), (b), AND<br>hleros   | or Print! emath Fa 0 (c) De not ente   | DAT DAT STANDARD   | E SIGNED (Mo  Oregol  Olymp, e.g.  Olymp, e.g.  Did intercoou to the death?  | nih, Day, Year, 1 97601 Cardiac or Res   | piratory Arrest  | Internal Int | reval between onset year's year's great between onset of death coval between onset of death (coval between onset of death (5) save hadron of death (5) save hadron of death (5) save hadron on one of death (5) save hadron on one of death (5) save hadron of death (6) save h |
| CONDITION IF ANY WHICH GA RISE TO RIMEDIA CAUSE STAIRED I UNDERLY CAUSE CAUSE CAUSE CAUSE DEAT   | 30. DAJESK<br>NOVEMBL<br>33. NAME. T<br>Sylvia<br>35. NAME OUT<br>THE TOUR COLUMN OF THE TOUR COLUMN OF THE TOUR OUT THE TOU  | at CAUSE (E COPONE TO, OR AS A   | DBY, VENT) DBY, VENT, DBY, DBY, DBY, DBY, DBY, DBY, DBY, DBY  | F CERTIFIERO  , 2300  FOTHER THA  DONE GAUSE P  ery DIS  CE OF:  ICE OF:   | MEDICAL EXAL<br>Clainto<br>IN CERTIFIER<br>FER LINE FOR<br>LOSSE, BU   | MINER (Type or Print) (1) (0) AND hleros   | or Print! smath Fa 0 (c) De not enter  | SSO DAT  | E SIGNED (Mo  Orego)  Old integers  Old integers  On the death?  | note, Day, Year,  1 97601  Cardiac or Res  | 38. AUTOP  | Internal Int | erval between onset of death year's erval between onset of death icrual between onset of death icrual between onset of death   |
| CONDITION IF ANY WHICH GA RISE TO INMEDIA CAUSE STATERS TO CAUSE LI CAUSE DEAT   | 30. DAJESK<br>NOVEMBL<br>33. NAME. T<br>Sylvia<br>35. NAME O<br>THE DUE<br>10. D | SI OF MY PROCESSION OF THE PRO | DBY, Veer)  DBY, V | F CERTIFIERO  , 2300  FOTHER THA  DONE GAUSE P  ery DIS  CE OF:  ICE OF:   | MEDICAL EXAMINATION OF CONTROL OF | MINER (Type or Print) (1) (0) AND hleros   | or Print) emath Fa y (c)) Do not enter clerosis  |  | E SIGNED (Mo  Oregol  Olymp, e.g.  Olymp, e.g.  Did intercoou to the death?  | note, Day, Year,  1 97601  Cardiac or Res  | 38. AUTOP  | Internal Int | reval between onset year's year's great between onset of death coval between onset of death (coval between onset of death (5) save hadron of death (5) save hadron of death (5) save hadron on one of death (5) save hadron on one of death (5) save hadron of death (6) save h |
| CONDITION IF ANY WHICH GA RISE TO INMEDIA CAUSE STATERS TO CAUSE LI CAUSE DEAT   | TO THE DEP  THE TOTAL THE TOTAL  TO THE TOTA   | at CAUSE (E COPORE) TO OR AS A TO, OR AS A ER SIGNIFICATION CONTRIBUTION CONTRIBUTI | Day, Veer)  Joy, V | F CERTIFIERA  , 2300  F OTHER THA  ONE GAUSE P  ery DLS  CE OF:  CE OF:  MAIN DATE OF  | MEDICAL EXAL<br>C181THO<br>IN CERTIFIER<br>FER LINE FOR<br>C836, 8t  | MINER (Type or Print (S), (D), AND (S), (D), | or Print) emath Fa y (c)) Do not enter clerosis  | 118   37   17   41   17   17   17   17   17   1  | Did imbacco u to the death? I Vest [1 MC] II d. DESCRIBE I   | 1 97601 Cardiac or Res as contribute emote obsety! Una   | 38 AUTOP   | Internal and an and an   | reval between onset year's year's great between onset of death great great |
| CONDITION IF ANY WHISE TO RESE TO RESE TO UNIVERSE TO UNIVERSE TO AUSE STAINS CAUSE STAINS CAUSE STAINS (CAUSE LEVEL) CAUSE LEVEL CAUSE LE | TO THE DESCRIPTION OF THE PART (a)  OF PART (b)  OF PART (c)  OF PART  | SI OF MY PROCESSION OF THE PROPERTY OF THE PRO | DBY, Veer)  DBY, V | F CERTIFIERO  , 2300  F OTHER THA  FORE CAUSE P  ETY DIS  CE OF:  HS DATE OF  (Month, D  | MEDICAL EXAL<br>C181THO<br>IN CERTIFIER<br>FER LINE FOR<br>C836, 8t  | MINER (Type or Print (18), (D. AND (18), (D. AND hleros  | or Print) emath Fa y (c)) Do not enter clerosis  | 118   37   17   41   17   17   17   17   17   1  | Did imbacco u to the death? I Vest [1 MC] II d. DESCRIBE I   | 1 97601 Cardiac or Res as contribute emote obsety! Una   | 38 AUTOP   | Internal and an and an   | reval between onset year's year's great between onset of death coval between onset of death (coval between onset of death (5) save hadron of death (5) save hadron of death (5) save hadron on one of death (5) save hadron on one of death (5) save hadron of death (6) save h |
| CONDITION IF ANY WHITE TO THE ANY WHITE TO THE ANY WHITE TO THE ANY CAUSE STAINS STAINS TAINS TA | TO THE DESCRIPTION OF THE PART (a)  OF THE PART (b)  OF THE PART (c)  OF T   | SI OF MY PROPERTY OF CAUSE(S) AND MY PROPERTY OF CAUSE(S) AND MY PROPERTY OF CAUSE (E. COPORE TO, OR AS A TO, OR A | Day, Veer)  1 OULY, MD,  2 PHYSICIAN I  CONSEQUEN  ANT CONDITION  Perfing investigation  1 Perfing investigation  Logal intervention   | F CERTIFIERO  , 2300  F OTHER THA  FORE CAUSE P  ETY DIS  CE OF:  HS DATE OF  (Month, D  | MEDICAL EXAL  CLAINTIO  IN CERTIFIER  FER LINE FOR  REASE, 80  INJURY 416  OF INJURY 476   | MINER (Type or Print (18), (D. AND (18), (D. AND hleros  | or Print) emath Fa y (c)) Do not enter clerosis  | 118   37   17   41   17   17   17   17   17   1  | Did imbacco u to the death? I Vest [1 MC] II d. DESCRIBE I   | 1 97601 Cardiac or Res as contribute emote obsety! Una   | 38 AUTOP   | int and  | reval between onset year's year's great between onset of death great great |
| CONDITION IF ANY WHITE TO THE ANY WHITE TO THE ANY WHITE TO THE ANY CAUSE STAINS STAINS TAINS TA | TO THE DESCRIPTION OF THE PART (a)  OF THE PART (b)  OF THE PART (c)  OF T   | SI OF MY PROCESSION OF THE PROPERTY OF THE PRO | Day, Veer)  1 OULY, MD,  2 PHYSICIAN I  CONSEQUEN  ANT CONDITION  Perfing investigation  1 Perfing investigation  Logal intervention   | F CERTIFIERO  , 2300  F OTHER THA  FORE CAUSE P  ETY DIS  CE OF:  HS DATE OF  (Month, D  | MEDICAL EXAL  CLAINTIO  IN CERTIFIER  FER LINE FOR  REASE, 80  INJURY 416  OF INJURY 476   | MINER (Type or Print (18), (D. AND (18), (D. AND hleros  | or Print) emath Fa y (c)) Do not enter clerosis  | 118   37   17   41   17   17   17   17   17   1  | Did imbacco u to the death? I Vest [1 MC] II d. DESCRIBE I   | 1 97601 Cardiac or Res as contribute emote obsety! Una   | 38 AUTOP   | int and  | reval between onset year's year's great between onset of death great great |
| CONDITION IF ANY WHISE TO RESE TO RESE TO UNIVERSE TO UNIVERSE TO AUSE STAINS CAUSE STAINS CAUSE STAINS (CAUSE LEVEL) CAUSE LEVEL CAUSE LE | TO THE DESCRIPTION OF THE PART (a)  OF THE PART (b)  OF THE PART (c)  OF T   | SI OF MY PROPERTY OF CAUSE(S) AND MY PROPERTY OF CAUSE(S) AND MY PROPERTY OF CAUSE (E. COPORE TO, OR AS A TO, OR A | Day, Veer)  1 OULY, MD,  2 PHYSICIAN I  CONSEQUEN  ANT CONDITION  Perfing investigation  1 Perfing investigation  Logal intervention   | F CERTIFIERO  , 2300  F OTHER THA  FORE CAUSE P  ETY DIS  CE OF:  HS DATE OF  (Month, D  | MEDICAL EXAL  CLAINTIO  IN CERTIFIER  FER LINE FOR  REASE, 80  INJURY 416  OF INJURY 476   | MINER (Type or Print (18), (D. AND (18), (D. AND hleros  | or Print) emath Fa y (c)) Do not enter clerosis  | 118   37   17   41   17   17   17   17   17   1  | Did imbacco u to the death? I Vest [1 MC] II d. DESCRIBE I   | 1 97601 Cardiac or Res as contribute emote obsety! Una   | 38 AUTOP   | int and  | reval between onset year's year's great between onset of death great great |
| CONDITION IF ANY WHISE TO RESE TO RESE TO UNIVERSE TO UNIVERSE TO AUSE STAINS CAUSE STAINS CAUSE STAINS (CAUSE LEVEL) CAUSE LEVEL CAUSE LE | TO THE DIVERSE OF THE PART (a)   | SI OF MY PROPERTY OF COUNTY OF COUNT | pending drain in munior states of the munior states | F CENTIFIERA  , 2300  F OTHER THA  ONE CAUSE P  CE OF:  CE OF:  ATA DATE OF  (Month, D.  Ste. PLACE in building  | METHCAL EXAMINATION CENTIFIER  THE LINE FOR  | MINER (Type or Frin (2), (6), AND hleros  TIME OF HAUTH  | or Printy gmath Fa g (G) Do not enter clerosis  41C. INJURY AT WORK  LI YES MA street, factory of            | SSO DAY  ILS DAY  7 mode  37.  CO Rice 41  | DIM IMPRICATION ( TO CONTINUE  | 1 97601 Cardiac or Res as contribute emote obsety! Una   | 38 AUTOP   | int and  | reval between onset year's year's great between onset of death great great |
| CONDITION IF ANY WHISE TO RESE TO RESE TO UNIVERSE TO UNIVERSE TO AUSE STAINS CAUSE STAINS CAUSE STAINS (CAUSE LEVEL) CAUSE LEVEL CAUSE LE | TO THE DIVERSE OF THE PART (a)   | SI OF MY PROPERTY OF COUNTY OF COUNT | pending drain in munior states of the munior states | F CENTIFIERA  , 2300  F OTHER THA  ONE CAUSE P  CE OF:  CE OF:  ATA DATE OF  (Month, D.  Ste. PLACE in building  | METHCAL EXAMINATION CENTIFIER  THE LINE FOR  | MINER (Type or Frin (2), (6), AND hleros  TIME OF HAUTH  | or Print) emath Fa y (c)) Do not enter clerosis  | SSO DAY  ILS DAY  7 mode  37.  CO Rice 41  | DIM IMPRICATION ( TO CONTINUE  | 1 97601 Cardiac or Res as contribute emote obsety! Una   | 38 AUTOP   | int and  | reval between onset year's year's great between onset of death great great |
| CONDITION IF ANY WHITE TO THE ANY WHITE TO THE ANY WHITE TO THE ANY CAUSE STAINS STAINS TAINS TA | TO THE DIVERSE OF THE PART (a)   | SI OF MY PROPERTY OF COUNTY OF COUNT | pending drain in munior states of the munior states | F CENTIFIERA  , 2300  F OTHER THA  ONE CAUSE P  CE OF:  CE OF:  ATA DATE OF  (Month, D.  Ste. PLACE in building  | METHCAL EXAMINATION CENTIFIER  THE LINE FOR  | MINER (Type or Frin (2), (6), AND hleros  TIME OF HAUTH  | or Printy gmath Fa g (G) Do not enter clerosis  41C. INJURY AT WORK  LI YES MA street, factory of            | SSO DAY  ILS DAY  7 mode  37.  CO Rice 41  | DIM IMPRICATION ( TO CONTINUE  | 1 97601 Cardiac or Res as contribute emote obsety! Una   | 38 AUTOP   | int and  | reval between onset year's year's great between onset of death great great |
| CONDITION IF ANY WHITE TO THE ANY WHITE TO THE ANY WHITE TO THE ANY CAUSE STAINS STAINS TAINS TA | TIESERVEI  | TO, OR AS A TO, OR | DEN, Veer)  JOY, V | F CENTIFIERA  2 2300  F GINER THA  DONE CAUSE F  CE OF:  CE OF:  CE OF:  ATA DATE OF  Month, D.  HILP PLACE  building  | MEDICAL EXAL CLAITIO IN CERTIFIER PER LINE FOR PER LINE P | MINER (Type or Frin. (2), (6), AND hleros  TIME OF INJURY  M history, James In Dorne, James In | or Printy gmath Fa g (G) Do not enter clerosis  41C. INJURY AT WORK  LI YES MA street, factory of            | SSO DAY  ILS DAY  7 mode  37.  CO Rice 41  | DIM IMPRICATION ( TO CONTINUE  | note, Day, Year, 1 97601 Cardiac or Res ase contribute emote observi Juna iow Indiany  | 38. AUTOP<br>El ves & OCCURRED  Retu  Bea  ONNA DESIR  | International Number of Street, Co. Street | reval between onset year's year's great between onset of death great great |
| CONDITION IF ANY WHITE TO THE ANY WHITE TO THE ANY WHITE TO THE ANY CAUSE STAINS STAINS TAINS TA | TIESERVEI  | SI OF MY PROPERTY OF COUNTY OF COUNT | DEN, Veer)  JOY, V | F CENTIFIERA  , 2300  F OTHER THA  ONE CAUSE P  CE OF:  CE OF:  ATA DATE OF  (Month, D.  Ste. PLACE in building  | MEDICAL EXAL CLAITIO IN CERTIFIER PER LINE FOR PER LINE P | MINER (Type or Print (Type or Type  | or Print) emath Fa  (C) Do not enter clerosis  (I) AT WORK  (I) Yes Fin street, factory of                   | DAT DAT STORE STOR | Oregon  Oregon  Oregon  Oregon  Od dyling, e.g.  Other hospecco u.g.  Other hospecco  Other ho | 1 97601  Cardiac or Res  as contribute remote about Tuna Contribute Contribut | DISTANCE OF THE PROPERTY OF TH | SY 39. u vi  | ered between onset y dealth of the second between onset of dealth or the second of the |
| CONDITION IF ANY WHITE TO THE ANY WHITE TO THE ANY WHITE TO THE ANY CAUSE STAINS STAINS TAINS TA | TIESERVEI  | TO, OR AS A TO, OR | DEN, Veer)  JOY, V | F CENTIFIERA  2 2300  F GINER THA  DONE CAUSE F  CE OF:  CE OF:  CE OF:  ATA DATE OF  Month, D.  HILP PLACE  building  | MEDICAL EXAL CLAITIO IN CERTIFIER PER LINE FOR PER LINE P | MINER (Type or Print (Type or Type  | or Printy gmath Fa g (G) Do not enter clerosis  41C. INJURY AT WORK  LI YES MA street, factory of            | DAT DAT STORE STOR | Oregon  Oregon  Oregon  Oregon  Od dyling, e.g.  Other hospecco u.g.  Other hospecco  Other ho | 1 97601  Cardiac or Res  as contribute remote about Tuna Contribute Contribut | DISTANCE OF THE PROPERTY OF TH | SY 39. u vi  | ered between onset y dealth of the second between onset of dealth or the second of the |
| CONDITION OF THE PROPERTY OF T | OF PART OF HESERVES  | TO OR AS A TO, OR  | Day, Veer)  1 Da | F CENTIFIERA  , 2300  F OTHER THA  ONE GAUSE P  ETY DIS  CE OF:  Ath DATE OF  (Month, D  Ath DATE OF  SACT REPI  OFFICE OF   | MEDICAL EXAL CLAINTIO IN CERTIFIER FOR LINE LINE LINE LINE LINE LINE LINE LINE  | MINER (Type or Print (Type or Type  | or Print) emath Fa  (C) Do not enter clerosis  (I) AT WORK  (I) Yes Fin street, factory of                   | DAT DAT STORE STOR | Oregon  Oregon  Oregon  Oregon  Od dyling, e.g.  Other hospecco u.g.  Other hospecco  Other ho | 1 97601  Cardiac or Res  as contribute remote about Tuna Contribute Contribut | DISTANCE OF THE PROPERTY OF TH | SY 39. u vi  | ered between onset y dealth of the second between onset of dealth or the second of the |
| CONDITION OF THE PROPERTY OF T | TO THE DRAW (Signal State of the Control of the Con   | SI OF MY PROCESSION OF CAUSES AND CONTROL OF CAUSES AND CONTROL OF CAUSE OF OF  | Day, Veer)  1 Day, Veer)  1 SS AND 21P OF DOWN, MD, SS AND 21P OF DOWN, MD, ST POYSIGN IN THE CONSCIUENT ATT CONSCIUENT ATT CONSCIUENT AND CO | F CENTIFIERS  F CENTIFIERS  F CANON  F OTHER THAN  ONE CAUSE P  CE OF:  ATA DATE OF  INC. PLACE  BUILDING  SACT REPIOFICE OF  NOV 1  NOV 1   | MEDICAL EXAMINATION OF INJURY 415  OF INJURY 415  OF INJURY 415  THE KLAN  2 1991  | MINER (Type or France)  (PA, (B), AND hleros  TIME OF HAUTH  ANOFTAE MATH COU  | or Phint) smath Fa 0 (C) Do not enter clerosis  AT WORK  THE STAN STREET, Inclory of                         | DAT DAT STORE STOR | Oregon  Oregon  Oregon  Od dying, e.g.  Od dying, e.g.  Od dying, e.g.  Od dying, e.g.  I to the death?  Trives I not lead to the death?  | 1 97601  Cardiac or Res  Se contribute emote observi Juna  Street and Hu  CC KLAMI   | 38 AUTOP  Elves & OCCUPRED  Return Return Return Verence County Redunty Registration County Registration C | Toute Number of Tank   | reval between onset of death years or the following of death years or the following of death to the following relationship of  |
| CONDITION AND AND AND AND AND AND AND AND AND AN   | TO THE DIVE SUPPORT OF OREGOT TO THE DIVE SUPPORT OF THE DIVE SUPP   | SI OF MY PROCESSION OF CAUSES AND CONTROL OF CAUSES AND CONTROL OF CAUSE OF OF  | pending drain in manner states of the manner states | F CENTIFIER  2 2300  F OTHER THA  DONE CAUSE F  CE OF:  CE OF:  CE OF:  Alta DATE OF  Month, D  Alta PLACE (  Building  XACT REPIORFICE OF  NOV 1  MOUNT  KLAM  MOUNT  Mou | MEDICAL EXAL CLAINTIO IN CERTIFIER FOR LINE LINE LINE LINE LINE LINE LINE LINE  | MINER (Type or Print (FA, R), AND hleros  TIME OF THE TIME OF T  | or Printy gmath Fa g (C) Do not enter clerosis  41C. INJUNY AT WORK  CI YES MA SIREE, Isotory of INTY REGIST | DAT DAT DAT DATE DATE DATE DATE DATE DAT   | Oregon  Oregon  Oregon  Od dying, e.g.  Od dying, e.g.  Od dying, e.g.  Od dying, e.g.  I to the death?  Trives I not lead to the death?  | 1 97601  Cardiac or Rescontitioning the contribution of Rescontitioning the contribution of Resconting the Cardiac or Rescontitioning the Cardiac or Resconting the Cardiac or | Distory Arrest  38 AUTOP  [I Ives ©  DOCUMBED  Return  | Toute Number of Tank   | reval between onset of death years or the following of death years or the following of death to the following relationship of  |
| CONDITION AND AND AND AND AND AND AND AND AND AN   | TO THE DRAW (Signal State of the Control of the Con   | SI OF MY PROCESSION OF CAUSES AND COLOR OF CAUSES AND COLOR OF CAUSES AND COLOR OF CAUSE AND CAUSE AN | Day, Veer)  1 Day, Veer)  1 SS AND 21P OF DOWN, MD, SS AND 21P OF DOWN, MD, ST POYSIGN IN THE CONSCIUENT ATT CONSCIUENT ATT CONSCIUENT AND CO | F CENTIFIER  2 2300  F OTHER THA  DONE CAUSE F  CE OF:  CE OF:  CE OF:  Alta DATE OF  Month, D  Alta PLACE (  Building  XACT REPIORFICE OF  NOV 1  MOUNT  KLAM  MOUNT  Mou | MEDICAL EXAMINATION OF INJURY 415  OF INJURY 415  OF INJURY 415  THE KLAN  2 1991  | MINER (Type or Print, K1. (Type or Print) (PA, (PA, AND heros  TIME OF INJURY  MATTHE OF INJURY  AND TALL  AND TALL  SS.  21tle  1:27  | or Phint) smath Fa 0 (C) Do not enter clerosis  AT WORK  THE STAN STREET, Inclory of                         | DAT DAT DAT DATE DATE DATE DATE DATE DAT   | Del Interest (Mo   | 1 97601 Cardiac or Res Secontribute emote cobably lithat flow Indian CCC KLAM  | Distory Arrest  38 AUTOP  [I Ives ©  DOCUMBED  Return  | SY 30 H VI   | reval between onset of death years or the following of death years or the following of death to the following relationship of  |