

CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION CENTER FOR HEALTH STATISTICS

'92 OCT 15 PM 3 49

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52444

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

85-002605

CERTIFICATE OF DEATH

State File Number

Local File Number

First

Last

LeRoy

BONHAM

DATE OF DEATH (month, day, year)
February 2, 1985

DATE OF BIRTH (month, day, year)
February 3, 1922

DECEASED - NAME
Delbert

LeRoy

AGE
62

Under 1 year
Under 1 day

RACE
White

SEX
Male

HOSPITAL OR OTHER INSTITUTION - NAME
Mercy Medical Center

Under 1 year
Under 1 day

DATE OF DEATH (month, day, year)
February 2, 1985

DATE OF BIRTH (month, day, year)
February 3, 1922

CITY, TOWN OR LOCATION OF DEATH
Roseburg

CITIZEN OF WHAT COUNTRY
U.S.A.

MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (specify)
Married

Under 1 year
Under 1 day

DATE OF DEATH (month, day, year)
February 2, 1985

DATE OF BIRTH (month, day, year)
February 3, 1922

STATE OF BIRTH (if not in U.S.A.
name country)
Oklahoma

CITIZEN OF WHAT COUNTRY
U.S.A.

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SOCIAL SECURITY NUMBER
519-18-0683

USUAL OCCUPATION (give kind of work done during most
of work life)
Dry Chain Operator

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Under 1 year
Under 1 day

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RESIDENCE - STATE
Oregon

COUNTY
Douglas

CITY, TOWN OR LOCATION
Roseburg

Under 1 year
Under 1 day

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FATHER - NAME
Fernando G. Bonham

MOTHER - NAME
Inez Holmberg

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BURIAL, CREMATION, REMOVAL, REINTERMENT, etc.
Burial

CEMETERY OR CREMATORY - NAME
White City National Cemetery

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FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
Kendall S. Harris

NAME AND ADDRESS OF FACILITY
Wilson's Chapel Of The Roses Box 358 Roseburg, Ore

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NAME AND ADDRESS OF CERTIFIER (Type or Print)
Nasim Ashraf M.D. PC 1801 W. Harvard Blvd Roseburg, Oregon 97470

NAME AND ADDRESS OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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DATE RECEIVED BY REGISTRAR (Month, Day, Year)
February 5, 1985

REGISTRAR
Edward J. Johnson II

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IMMEDIATE CAUSE
End Stage Renal disease

CAUSE TO, OR AS A CONSEQUENCE OF
Poly cystic kidney disease

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OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)
Chronic liver disease

DATE OF INJURY (Month, Day, Year)
No

HOUR OF INJURY
No

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ACCIDENT (Specify Yes or No)
No

PLACE OF INJURY - If home, room, street, factory, office, building, etc. (Specify)
No

LOCATION
No

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STREET OR R.F.D. NO
No

CITY OR TOWN
No

STATE
No

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RESERVED FOR REGISTRAR'S USE

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