| | 103107 I.D. TAG NO. | 7 | へにいてなな そのち | ENT OF HUMAN TO LTH DIVISION Q I HEALTH STATIS | 135 | State F | ile Number | |
|-------------------------------------|--|--|--|--|--|---------------------------|--|--------------------------------------|
| 43 | - 600 Local File Number | | CERTIFI | CATE OF DEATH | | 2. SEX 3 | NOV. 19 | nih, Day, Yearl |
| / | 1. DECEDENT'S First NAME Ella | | Roseana | GARRETT 5c. Under 1 Day 6. Bif | OTLIM ANE INIV SIN | E State or Foreign 7. | DATE OF BIRTH (MO | nth, Day, Year) |
| | 4 SOCIAL SECURITY NUMBE | | | Hours Mins. | Anoke | , NE. | Dec. 30 | , 1905 |
| _ | 543/20/5975 | | | OTHER CAMER | ATH (Check only or | ulia Koma (101he | (Specify) Foste | r Care |
| bleosit | 8 WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes So No | HOSPITAL Inputie | nt DER/Outpatient | Ion CITY TOW | N, OR LOCATION C | # UEAIN | \ × | (lamath_ |
| | 125 Pine St | treet | 100 KIND OF BUS | 1 | 11. MARITAL | STATUS - Married. | 12. SPOUSE (II Married | |
| | 10a. DECEDENT'S USUAL OC (Give kind of work done of Do not use ratired) | CCUPATION juring most of working | lite. | Own Home | Marr | ied | Clare | ence F. |
| | Homemaker | Ten COUNTY | 13c. CITY, TOW | N OR LOCATION | 13d. STREET | AND NUMBER | 2009 Vine | Street |
| | Oregon | | Klas | PANIC ORIGINA 15 | RACE American Inc | ilan. (Se | 18. DECEDENT'S EGG ecity only highest grad ary/Secondary (0.12) | |
| | 130. INSIDE CITY 131. ZI | IP CODE (Specification) | VAS DECEDENT OF HIS city No or Yes - If yes, s can, Puerto Rican, etc.) | Becily Cuban, & No Cives | White | 1 | 12 1 | |
| i | ☐Yes ☐No | 97601 | Ten MOTHER . N | AME 11(5) IIIOO | iden | Lenore | HAME and relationship | Step-Dau. |
| =pasputs | John H. Mc | 008 | 1 2 1 | DISPOSITION (Name of ceme | etery, crematory, or | 20c. LOCATION | · City or Town, State | |
| | 20a METHOD OF DISPOS | ITION [] Mausoleum | Other prace | , , , | nark | Klama | th Falls, | Oregon |
| | Ell Classical Flother (Si | coecity) | \ | 216 LICENSE NUMBER | 22 NAME, ADDRES | SAND ZIP OF FA | nath Funer | ral Home |
| 8 | 212. SIGNATURE OF FUN PERSON ACTING AS | SUCH | | 3409 | 194 Kla | math Fa. | lls, Ore. | / 97601 |
| 9 | 23. OATE FILED (Month, | Day Year) MICH | 0 1992 | 1 | 24. REGISTRAR'S | SIGNATURE | 30binso | \sim |
| YEAR | | MUV A | EQUEST FOR ANATOM | IICAL GIFT CONSENT? | 28. WAS GIFT MA | | - | |
| • | 25. DID HOSPITAL REPR | DANA MARC | The second second | | DESCRIPTION OF THE PERSON OF T | R R R R R R R | THE STATE OF THE S | WINER |
| | TYES ONO | | | | TO E | | ONOUNCED DEAD (M | onth, Oay, Year, Hour) |
| 16 | 27. TIME OF DEATH | 28. WAS MEDIC | AL EXAMINER NOTIFIE | | | | | plnion death occurred ner stated. |
| 11 | 0620 | knowledge, death occu | nred at the time, date, p | 139 | _ (Signature) | , place and due to | the cause(s) and man | AND ASSESSMENT |
| gderre | | and mariner stated. | Bursa | | 31 DATE SIGNED (| Month, Day, Year) | | COUNTY |
| | 30. DATE SIGNED (MC | onth. Day. Year) | 1007 | | | | | |
| 12 | W NAME TITLE AD | DRESS AND ZIP OF C | ERTIFIER/MEDICAL EX | AMINER (Type or Print) O Clairmont R (Type or Print) | / Klama | th Falls | , Oregon | / 97601 |
| 13 | 373 | WHITE PLIVEICIAN IF C | JIHER IMMI OCH | | | | | |
| CONDITK | ONS STATE | IONG FATORIST | - CHIEF OCD THE FO | R (a), (b), AND (c)) Do not ent | ter mode of dying, e | g. Cardiac or Resp | distory Arrest. | Interval between onset and death |
| WHICH G RISE T MMEDI | IATE PART | لامتحميال | $\sim \sim $ | mal | | | | Interval between onset and death |
| CAUS STATING HNOFRE | THE DUE TO, OR | AS A CONSEQUENCE | OF: | | | | | Interval between onsell and death |
| CAUSE | LAST DEL I | AS A CONSEQUENCE | OF: | | | | 38. AUTOPSY 39 | II YES were firstings considered |
| ـــــ | NEW COLUMN TO THE PARTY OF THE | | | erlying cause given in PART I. | to the ora | co use contribute (th? | " | Genomical cause of death? |
| , cay | 1416日162日 25 PAD1 | (30) Dorman | not resulting in the unor | Haran F | ☐ ¥23 55€¥0 | | ☐ Yes 129 No | U Yes LING LINA |
| eal) | OTHER SIGI | | _ | 10 | | Unknown | CCURRED | |
| 15 | All | DEATH 1 | MATE OF INJURY 4 | 16. TIME OF AT WO | HK? 41d. DESCRI | BE HOW INJURY C | | |
| 15 | ALZLAGO, MANNEFFOF | DEATH Dending Investigation | 1a. DATE OF INJURY 41 (Month, Day, Year) | 16. TIME OF ATC. INJURY AT WO | SRK? 41d. DESCRI | BE HOW INJURY C | | Number, City or Town, Stat |
| 15 16 17 | 40. MAKINE OF OF MAKINE OF OF MAKINE OF OF OTHER OF OTHER OF OTHER OTHER OF OTHER OT | DEATH Pending Investigation Undetermined Manner | 1a. DATE OF INJURY 41 (Month, Day, Year) | 1b. TIME OF A1c. INJURY M [] Yes (A1) | SRK? 41d. DESCRI | BE HOW INJURY C | | Number, Cily or Town, Stat |
| 15 16 17 | 40. MAKINER OF Matural Accident Suicide Homicide | DEATH Pending Investigation Undetermined Manner Legal Intervention | 1a. DATE OF INJURY 4' (Month, Day, Year) | 1b. TIME OF A1c. INJURY M [] Yes (A1) | SRK? 41d. DESCRI | BE HOW INJURY C | | |
| 15 16 17 | 40. MAKINER OF Matural Accident Suicide Homicide | DEATH Pending Investigation Undetermined Manner | 1a. DATE OF INJURY 4' (Month, Day, Year) | 1b. TIME OF A1c. INJURY M [] Yes (A1) | SRK? 41d. DESCRI | BE HOW INJURY C | | |
| 15 16 17 | 40. MAKINES OF STATE ACCIDENT Suicide Homicide | DEATH Pending Investigation Undetermined Manner Lugal Intervention REGISTRAN'S USE | 1a. DATE OF INJURY 416. PLACE OF INJURY building etc. (Speci | 16. TIME OF AT WO INJURY M LI Yes & At home, farm, street, factory | And DESCRI | BE HOW INJURY C | | |
| 15 | 40. MARINE OF Matural Accident Suicide Hamileid | DEATH Pending Investigation Undetermined Manner Lugal Intervention REGISTRAR'S USE | 1a. DATE OF INJURY 41. (Month, Day, Year) 41a. PLACE OF INJURY building etc. (Special Control of the Control of | IN TIME OF AT WO INJURY M Yes & At home, fairn, street, fectory If you have the control of the | And DESCRI | BE HOW INJURY C | | Number, City or Town, State |
| 15 | 40. MARINE OF Matural Accident Suicide Hamileid | DEATH Pending Investigation Undetermined Manner Lugal Intervention REGISTRAR'S USE | 1a. DATE OF INJURY 41. (Month, Day, Year) 41a. PLACE OF INJURY building etc. (Special Control of the Control of | 16. TIME OF AT WO INJURY M LI Yes & At home, farm, street, factory | And DESCRI | BE HOW INJURY C | umber or Rural Route | AS TO HER |
| 15 | AQ MAKINED OF I Detatural | DEATH Pending Investigation Condetermined Mannel Display Intervention HEGISTRAH'S USE A TRUE AND EXA | 1a. DATE OF INJURY 416. PLACE OF INJURY building etc. (Special Control of the Con | IN THE OF ATC. INJURY IN LIVES OF ATC. INJURY M LIVES OF THE ACTORY IN LIVE | And DESCRI | ON (Street and No | LE BALCE. ENE BARCOS TY REGISTRAR | ORI WELL |
| 15 | AO, MARINED OF Destural Accident Suicide Hamicide RESERVED FOR | DEATH Pending Investigation Undetermined Mannet Deptiment Intervention REGISTRAR'S USE A TRUE AND EXA | 1a. DATE OF INJURY 416. PLACE OF INJURY building etc. (Space) | IN TIME OF ATC. INJURY M | And DESCRI | ON (Street and No | CL BALLCE. ENE SANCES TO REGISTRAR COUNTY, OREGON | DE ORI |
| | AG NAKINE OF STATE OF THE STATE | DEATH Pending Investigation Undetermined Manner Death Intervention REGISTRAR'S USE A TRUE AND EXA | 1a. DATE OF INJURY 416. PLACE OF INJURY 416. PLACE OF INJURY 416. Space | M Lives & All Wolfers At WO AT | And DESCRI | ON (Street and No | CL BALLCE. ENE SANCES TO REGISTRAR COUNTY, OREGON | DE ORI |
| STATE O | AO MAKINED OF Patural Accident Suicide Homicide RESERVED FOR THIS IS A REGISTER DATE ISS | DEATH Pending Investigation Investigation Manner Death State Control of the Investigation Manner Death State Control of the Investigation Intervention REGISTRAF'S USE A TRUE AND EXAMINED AT THE OFF | 18. DATE OF INJURY 416. PLACE OF INJURY building etc. (Special Control of the KLA NOV 2 0 19 | M Lives & At WO M Lives & At W | And DESCRI | ON (Street and No | LE BULLELL LENE BAYAGE TY REGISTRAN COUNTY, OREGON | ORI ORI |
| STATE O | AO, NAKINE OF Protural Accident Suicide Hamicide RESERVED FOR THIS IS A REGISTER DATE ISS F OREGON: COU | DEATH Pending Investigation Undetermined Manner DEATH Pending Investigation Intervention REGISTRAR'S USE A TRUE AND EXA RED AT THE OF | 1a. DATE OF INJURY 416. PLACE OF INJURY 616. (Space) ACT REPRODUCT FICE OF THE KLA NOV 2 0 19 AMATH: | IN TIME OF NO INJURY M I Yes & Interest lactory At home, farm, street, factory At work At work | And DESCRI | ON (Street and No | CL BALLCE. ENE BANCOS TY REGISTRAR COUNTY, OREGON | 24rh |
| STATE OF | AO, NAKINE OF Protural Accident Suicide Hamicide RESERVED FOR THIS IS A REGISTER DATE ISS F OREGON: COU | DEATH Pending Investigation Investigation Investigation Investigation Manner REGISTRAF'S USE A TRUE AND EXAMPLE AND EXAMP | ACT REPRODUCE FICE OF THE KLA NOV 2 0 19 AMATH: Chas. E. 92 at 11 | M Gyes & At work injury M Gyes & At work inju | A M. | ON (Street and No. | CC Balace. ENE BANCOS TY REGISTION COUNTY, OREGON THE TRECORDED IN V | 24th Fol. M92 |
| 15— 16— 17— 17— STATE O | AO, NAKINE OF Protural Accident Suicide Hamicide RESERVED FOR THIS IS A REGISTER DATE ISS F OREGON: COU | DEATH Pending Investigation Undetermined Manner DEATH Pending Investigation Intervention REGISTRAR'S USE A TRUE AND EXA RED AT THE OF | ACT REPRODUCE FICE OF THE KLA NOV 2 0 19 AMATH: Chas. E. 92 at 11 | M Great Manual Market M | AM., on Page | ON (Street and No. | CL BALCE. ENE BARCOS EY REGISTRAR COUNTY, OREGON The | 24th Fol. M92 |