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	4. SOCIAL SECURIT		AGELES	st Birthday	5b. Under 1 Year		ARNES	HPLACE (City a	Ma.l			er 7, 199	
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DECEDENT	8.WAS DECEDENT I	ES? HOSE	PITAL E	Inpatient	☐ ER/Outpatient	DOA OTHE	ACE OF DEAT	H (Check only	one)				
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	Superint		COUNTY		Public	Utilities		Marri		i	Mary	Jane	
	Oregon	1	1amat	th	13c. CITY, TOWN	h Falls		13d. STREET					
	13e. INSIDE CITY LIMITS?	131. ZIP CODE		(Specify No.	CEDENT OF HISP	ANIC ORIGIN?	15. RACE	American Inc	Vill		16. DECEDE	NT'S EDUCATION	
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