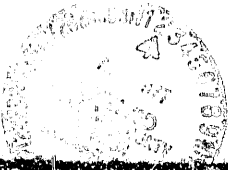


84538



STATE OF OREGON

DEATH CERTIFICATE

REGISTRATION

NAME OF DECEASED ROSEMARY

SEX Female

DATE OF BIRTH July 12, 1916

PLACE OF BIRTH Portland, Oregon

RESIDENCE AT DEATH Portland, Oregon

DATE OF DEATH Oct. 1, 1968

PLACE OF DEATH Portland, Oregon

CAUSE OF DEATH Myocardial Infarction

IMMEDIATE CAUSE Myocardial Infarction

INTERMEDIATE CAUSE None

FINAL CAUSE None

DEATH CERTIFICATE NO. 1720

REGISTRATION NO. 1720

DATE OF REGISTRATION Oct. 1, 1968

REGISTRAR Mrs. M. M. [Signature]

DATE ISSUED

Dec. 17 1968

STATE OF OREGON, COUNTY OF MULTNOMAH: I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

(STATE REGISTRAR)

Mrs. M. M. [Signature]

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

84538

BOOK J PAGE 807



DEATH CERTIFICATE

1. NAME OF DECEASED MARGARET MARY
2. PLACE OF DEATH A. COUNTY Multnomah B. STATE Oregon C. COUNTY Mult.
3. CITY, TOWN OR VILLAGE OR LOCATION Portland
4. DATE OF DEATH Month Oct. Day 3, Year 1968
5. SEX Female
6. RACE Caucasian
7. MARRIAGE STATUS Married
8. SOCIAL SECURITY NO. 42-15572
9. OCCUPATION Invoice Clerk
10. PLACE OF BIRTH Portland, Oregon
11. DATE OF BIRTH Month July Day 31, Year 1914
12. AGE AND BIRTHDAY 52 yrs.
13. WAS DECEASED A CITIZEN OF Portland, Oregon
14. IF DECEASED WAS A VETERAN YES
15. HUSBAND'S NAME Harold Stuart Grant
16. HUSBAND'S OCCUPATION Electric Mechanic
17. NAME OF DEATH CERTIFICATE Margaret Mary
18. CAUSE OF DEATH Myocardial Infarction
19. DEATH WAS CAUSED BY Coronary Artery Disease
20. TIME OF DEATH 11:30 AM
21. DESCRIBE HOW DEATH OCCURRED Sudden
22. CERTIFICATE I hereby certify that the above is a true and correct copy of the original report of death as filed in the office of the State Health Division.
23. RESERVED ON DEATH CERTIFICATE by supplemental report of Oct 8 1968
24. OCCURRED ON 7 Oct. 1968
25. PLACE OF DEATH Lincoln Memorial Park, Portland, Oregon
26. NAME OF DEATH CERTIFICATE And. S. & Son, Portland, Oregon

MARCH RESERVED FOR BINDERS
 MAKE SURE WITH 10 SERIALS AND 100 COPIES OF THIS FORM OF INFORMATION SHOULD BE
 FILED IN THE BUREAU OF VITAL STATISTICS. THIS FORM SHOULD BE FILED IN THE BUREAU OF
 HEALTH SERVICES. ALL COPIES ARE TO BE FILED IN THE BUREAU OF HEALTH SERVICES.
 THAT IT IS IN PROPERLY CLASSIFIED.

DATE ISSUED Dec. 17 1976

STATE OF OREGON, COUNTY OF MULTNOMAH)ss
 I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

) STATE REG/STRAN
Marian R. Smith

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION