OFFICER'S SIGNATURE.

State Form 10110 (R4/3-03)

SIGNATURE:

CERTIFICATE OF DEATH

ocal No. 76	_		31-25				' L	
DECEASED-NAME (First M	iddle, Last)	1.5	2 SE	6	3. TIME OF DE		OF DEATH (Month Day.	Y()
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b. FACILITY NAME (If not institu	tion, give street and number)		70	1		PP	Moe.	
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O MARITAL STATUS	11 SURVIVING SPOUSE (If wife, give meiden name	•)	12a. DECEDENT'S USU done during most of	working life. Di	ION (Give kind of w o not use repred)			-
(Specify) !		DeVRIES	FAC	TORY U	JORKe12	<u>\$7</u>	er Mill	<u>></u>
34. RESIDENCE—STATE	13b COUNTY	13c CITY, TOWN, OR	LOCATION)	13d. STREET AND	NUMBER	OI	
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