

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
 DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
 CERTIFICATE OF DEATH

ROLL 51 IMAGE 423 1841
 LOCAL FILE NUMBER 1841
 STATE FILE NUMBER

1. DECEASED—NAME: **Mildred Neoma SHERBURNE**
 2. DATE OF DEATH (Month, Day, Year): **December 27, 1981**
 3. COUNTY OF DEATH: **Washoe**
 4. CITY, TOWN, OR LOCATION OF DEATH: **Reno**
 5. HOSPITAL OR OTHER INSTITUTION—Name (If not in other, give street and number): **Washoe Medical Center**
 6. Inpatient

7. SEX: **Female**
 8. RACE—(e.g. White, Black, American Indian, etc.): **White**
 9. ETHNIC: **American**
 10. CITIZEN OF WHAT COUNTRY: **USA**
 11. MARRIED, NEVER MARRIED, WIDOWED, RE-MARRIED (Specify): **Married**
 12. USUAL OCCUPATION (Give kind of work done during most of working life. If none, give last): **Distribution Analyst**
 13. KIND OF BUSINESS OR INDUSTRY: **Marketing**
 14. RIVING SPOUSE (If wife, give maiden name): **I. Jay Sherburne**

15. STATE OF BIRTH: **Oklahoma**
 16. SOCIAL SECURITY NUMBER: **3942**
 17. RESIDENCE—STATE: **Nevada**
 18. COUNTY: **Washoe**
 19. CITY, TOWN, OR LOCATION: **Reno**
 20. STREET AND NUMBER: **2181 "D" Kietzke Ln.**
 21. INSIDE CITY LIMITS (Specify Yes or No): **Yes**

22. FATHER—NAME: **Chester Scott**
 23. MOTHER—MAIDEN NAME: **Florence Cheek**
 24. REGD. RESIDENCE: **Patricia Lepper**
 25. MAILING ADDRESS: **2181 "D" Kietzke Ln., Reno, Nevada**
 26. LOCATION: **Reno, Nevada**

27. FUNERAL CREMATION: **Cremation**
 28. GEMETRY OR CREMATORY—NAME: **Mt. View Crematory**
 29. NAME AND ADDRESS OF FACILITY: **O'Brien-Rogers & Crosby, 600 W. Second St., Reno, Nevada**
 30. FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such): *Walter Peterson*

31. 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated: *Chronic Myocardial Infarction*
 32. DATE SIGNED (Mo., Day, Yr.): *12/29/81*
 33. HOUR OF DEATH: *12:15 P.M.*
 34. NAME OF ATENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
 35. 22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated: *Interval between onset and death*
 36. DATE SIGNED (Mo., Day, Yr.):
 37. HOUR OF DEATH:
 38. PRONOUNCED DEAD (Mo., Day, Yr.):
 39. PRONOUNCED DEAD (Hour):

40. 21. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print): **J. W. Forsythe, M.D., 1000 Ryland Reno, Nevada 89502**
 41. REGISTRAR: **J. W. Forsythe, M.D., 1000 Ryland Reno, Nevada 89502**
 42. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): **December 29, 1981**

43. 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)):
 (a) *Heart and renal failure*
 (b) *Metastatic Colon Carcinoma*
 (c) *Interval between onset and death*

44. 26. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a):
 27. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No): **No**
 28. INTERVAL BETWEEN ONSET AND DEATH:
 29. INTERVAL BETWEEN ONSET AND DEATH:
 30. INTERVAL BETWEEN ONSET AND DEATH:

31. ACC. SPACE: FROM UNDER: DATE OF INJURY (Mo., Day, Yr.):
 32. HOUR OF INJURY:
 33. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):
 34. STREET OR R.F.D. NO.:
 35. CITY OR TOWN:
 36. STATE:

018827

THIS CERTIFIED COPY WAS REPRODUCED FROM THE VITAL STATISTICS RECORDS OF THE WASHOE COUNTY HEALTH DEPARTMENT WASHOE COUNTY, NEVADA

ON JAN 8 1982

Wahel F. J.

REGISTRAR-VITAL STATISTICS

BY *Don Carlson*

DEPUTY REGISTRAR

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LAWYERS TITLE

IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA

for First Centennial
85 SEP 25 P3:43

SUZANNE BEAUDREAU
RECORDER

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