

CERTIFICATION OF VITAL RECORDS

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
CENTER FOR VITAL STATISTICS AND HEALTH POLICY

JAN 5 1984

State of Idaho
CERTIFICATE OF DEATH

State File No. **6790**
Local Reg. No. **03**
Reg. Dist. No. **330**

TYPE OR PRINT IN PERMANENT INK	1. DECEASED - NAME (LAST, FIRST, MIDDLE)		2. SEX		3. DATE OF DEATH (Mo., Day, Yr.)		
	IRA HOLMES DEVIN		Male		Dec 17, 1983		
	4. RACE (White, Black, American Indian, Japanese, etc.)		5. AGE - Last Birthday (Yrs.)		6. DATE OF BIRTH (Mo., Day, Yr.)		
	White		89		July 19, 1894		
	7. CITY, TOWN OR LOCATION OF DEATH		8. HOSPITAL OR OTHER INSTITUTION (Name, full name or number, plus street and number)		9. IF HOSP. OR INST. Indicate DOA, CP, Hosp. No., Inpatient (Specify)		
	Lewiston		Orchards Villa Nursing Home		Inpatient		
	10. STATE OF BIRTH (If born in U.S.A. state or country)		11. CITIZEN OF WHAT COUNTRY		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		
	Oregon		USA		Widowed		
	13. SOCIAL SECURITY NUMBER		14. USUAL OCCUPATION (Give sort of work, corresponding years of working life, even if retired)		15. KIND OF BUSINESS OR INDUSTRY		
	538 05 9370		Farmer/Rancher		Grain & Cattle		
DECEDENT	16. RESIDENCE - STATE		17. COUNTY		18. CITY, TOWN OR LOCATION		
	Idaho		NezPerce		Lewiston		
	19. FATHER - NAME		20. BIRTHPLACE		21. MOTHER - MAIDEN NAME		
PARENTS	Nathaniel M. Devin		Missouri		Eliza J. Holmes		
	22. INFORMANT - NAME		23. MAPPING ADDRESS		24. CITY OF TOWN		
	Carl Devin		P.O. Box 1361, Longview, Washington		98632		
DISPOSITION	25. BURIAL, CREMATION, REMOVAL (Specify)		26. DATE		27. CEMETERY OR CREMATORY - NAME		
	Burial		Dec 21, 1983		Lewis-Clark Gardens		
	28. MORTICIAN (Specify)		29. LICENSE NO.		30. NAME OF FACILITY		
CERTIFIER	Malcolm M-563		31. Malcom's Brower-Wann		32. P.O. Box 797, Lewiston		
	33. I hereby certify that I attended the deceased from 12-27-83 to 12-17-83. I last saw the deceased alive on 12-19-83. To the best of my knowledge, death occurred at the time, age and place and due to the cause(s) stated.						
	34. Signature and Title (Physician Only)		35. DATE SIGNED (Mo., Day, Yr.)		36. HOUR OF DEATH		
IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE COMPLETE REASON MUST BE COMPLETE AND SHOW THE CERTIFICATE	Richard M. Alford, M.D.		12-19-83		10:30 p.m.		
	37. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print)						
	Richard M. Alford, M.D., 2318-Vineyard, Lewiston, Idaho 83501						
DISPOSITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST	38. REGISTRAR		39. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		40. IMMEDIATE CAUSE (Indicate only one cause per line for 2a, 2b, and 2c)		
	Ethel A. Bardwell		January 3, 1984		Terminal infection		
	41. PART I		42. DUE TO OR AS A CONSEQUENCE OF		43. (Specify between lines for 2a and 2b)		
438X CAUSE OF DEATH	Post stroke		44. DUE TO OR AS A CONSEQUENCE OF		45. (Specify between lines for 2a and 2b)		
	46. PART II		47. OTHER SIGNIFICANT CONDITIONS - (Conditions contributing to death but not related to cause given in PART I)		48. (Specify between lines for 2a and 2b)		
	Generalized advanced arteriosclerosis		49. (Specify between lines for 2a and 2b)		49. (Specify between lines for 2a and 2b)		
50. ACC. SURVIVE, POW, UNDET. OR PENDING INVEST. (Specify)		51. DATE OF INJURY (Mo., Day, Yr.)		52. HOUR OF INJURY		53. DESCRIBE HOW INJURY OCCURRED	
54. INJURY AT WORK (Y/N) OR AN		55. PLACE OF INJURY - (A) home, farm, street, factory, office building, etc. (Specify)		56. LOCATION		57. STREET OR R.F.D. NO.	

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DATE ISSUED:

MAR 03 1984

Jane S. Smith

This copy is not valid unless prepared on engraved border

JANE S. SMITH

