2:0:1

OREGON STATE BOARD OF HEALTH VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 183			STATE I				
1. NAME OF DECEASED	7 ir	rat	Middle	ECEIAE		Last	
entries in black inh)	Marg	uerite	Edna			Woyak	
2. PLACE OF DEATH A. COUNTY	1 amath		3. USUAL RESID	regor		B, COUN	
B. CITY, TOWN, ill outside	lamath corporate C.	LENGTH OF	C. CITY, TOWN (If outside corporate limits, so specify)				
LOCATION Klama	th Falls 4	O Yrs.	LOCATION			h Falls	
D. NAME OF HOSPITAL OR			D. STREET AC		RURALR	OUTE, ETC.	
4. DATE OF Month	S. Intercon	m. Hospt. s. sex	6. COLOR			7. MARITA	L STATUS
Tune	18, 1967		Cauca	sian		Married Divorced	Never Married
S. SOCIAL SECURITY NO.		JPATION one during most of life)	10. KIND OF BUSI		.		B. Woyak
543-20-5720 12. DATE OF Munth	l Homema	13. AGE LAST	BIRTHUAT	UNDER	1 YEAR		JNDER 24 HOURS
December December		60	Yre.				
14. BIRTHPLACE (State or For	reign Country)	<u>17</u> 2] υ. s.	BED A CITIZEN OF	l	16. IF DE	CEASED WA	s a veteran. No
Boise, Idaho		18. MAIDEN NA		<u>'''</u>	ID. INFORM	IANT'S NAME A	NO
Leroy Emerson		Effie Ba	ites		Henry	B. Woya	
20. CAUSE OF DEATH (E)	CAUSED BY: A	cute Anteri		on			terval Between Onnet and Doal (Years, days, hours, etc.) 2 Hours
IMMEDIATE C	CAUSE (A):	icute Antera	01 1111. 42 0 0 3				
Conditions, if any,) DUE	то (в): Д	Arteriorscle	rotic Heart	Dis	ease		
ahove cause (a),) stating the under-) lying cause last) DUE	TO (C):						
L PART II: Other Significant	t Conditions			21. p	f deceased was regulancy in th	Female, was the past 12 month	ere a 22. Was an Autopsy a? performed?
Conditions, if any, i DUE which gave rise to be above cause (a), above cause (a), lay cause last i DUE. DIFFERENCE CONTINUES	at related to	posterior i		<u> _ '</u>	ree 🔀 N		No X No
O 23. WAS DEATH RESULT OF	OCCUR	r- Not	PLACE OF INJURY Parm, Home, Forest, etc.)	-	258.	City	County State
Accident Suicide Homicia	de At Work Month Day	At Work 27.	DESCRIBE HOW IT	NJURY	OCCURRE	o	
P. F.	n						
28. CERTIFICATE: certify t		hodeska/eska/askayh kas/ eno	deceased from or on	6	-17-67		to
29. RESERVED FOR REGIS	(Signature) TRAR'S USE		cal Dental	Bldg.	Klama	dress) .	Oregon (bate Signed)
SOA. DECEASED WILL BE	308. DATE 6-21-0	67 Klama	ue or chematory on a	cemeven ck	y 300. LOCA K1a1	tion (City of 1	
SOA. DECEASED WILL BE	STRAR'S USE SOB. DATE G-21-6 REGISTRAR'S S	67 Klama	ue or chematory on a	CEMETER Ck ECTOR'S	Y 30D. LOCA Klay	nath Fal	Town) State
30A. DECEASED WILL SE Buried Cremated Removed Of Control of Contr	308. DATE 6-21-6 2. REGISTRAR'S S Marian	67 Klama	me of chematory on ath Mem. Par	CEMETER Ck ECTOR'S	Y 30D. LOCA Klay	nath Fal	own State .1s, Ore0'Hair's
30A DECEASED WILL BE Buried Cremated Removed 0 31 DATE RECEIVED BY 32 6-19-67 STATE OF ORE	308. DATE 308. DATE 6-21-(2. REGISTRAR'S 5 Marian A	67 Klama	me of chematory on ath Mem. Par	CEMETER Ck ECTOR'S	Y 30D. LOCA Klay	nath Fal	own State .1s, Ore0'Hair's
30A DECEASED WILL BE Burled Cremated Removed 0 31. DATE RECEIVED BY 32 6-19-67 STATE OF OREO	308. DATE 6-21-6 2. REGISTRAR'S S Marian	67 Klama	me of chematory on ath Mem. Par	CEMETER Ck ECTOR'S	Y 30D. LOCA Klay	nath Fal	own State .1s, Ore0'Hair's
30A DECEASED WILL BE Buried Cremated Removed 0 31 DATE RECEIVED BY 32 6-19-67 STATE OF ORE	305. DATE 6-21-6 2. REGISTRAR'S 9 Marian A GON Klamath	67 Klame NGNATURE Ackerman	ath Mem. Paj 33. FUNERAL DIR Mike O'l	cemeren rk ecton lair	Y JOD. LOCA KIA: KIA: SIGNATURE 515 P	tion (City or 1 math Fall AND ADDRES	.1s, Ore. O'Hair's Falls, Ore.
30A. DECEASED WILL SE Divide Cremited Removed 31. DATE RECEIVED BY 34 6-19-67 STATE OF ORE County of	STRAR'S USE 308. DATE	67 Klame GENATURE Ackerman	ath Mem. Paj 33. FUNERAL DIR Mike O'l	cemeren rk ecron e lair	y 30D. LOCK Klan S BIGNATURE 515 P	tion (City or 1 math Fall AND ADDRES	.1s, Ore. O'Hair's Falls, Ore.
30A DECEASED WILL BE Burled Cremated Removed 0 31. DATE RECEIVED BY 32 6-19-6 STATE OF ORE County of This certifies	STRAR'S USE 308. DATE	67 Klame GENATURE Ackerman	ath Mem. Paj ss. runeral dir Mike O'S correct an	cemeren rk ecron e lair	y son. Locky Klas stankarung 515 P	transc	Is, Ore. O'Hair's Falls, Ore. ript of a recor
30A DECEASED WILL BE STATE OF ORE County of This certifies	STRAR'S USE 308. DATE	67 Klame GENATURE Ackerman	ath Mem. Paj ss. runeral dir Mike O'S correct an	cemeren rk ecron e lair	y son. Local Klan S SIGNATURE 515 P	transc:	.1s, Ore. O'Hair's Falls, Ore. ript of a recor
30A DECEASED WILL BE Burled Cremated Removed 0 31. DATE RECEIVED BY 32 6-19-6 STATE OF ORE County of This certifies	STRAR'S USE 308. DATE	67 Klame GENATURE Ackerman	me or CREMATORY OR ath Mem. Paj 33. FUNERAL DIR Mike O'll correct an	cemeren rk ecron e lair	y son. Local Klan S SIGNATURE 515 P	transc	.1s, Ore. O'Hair's Falls, Ore. ript of a recor
30A DECEASED WILL BE STATE OF ORE County of This certifies	STRAR'S USE 308. DATE	67 Klame GENATURE Ackerman	ath Mem. Paj ss. runeral dir Mike O'S correct an	cemeren rk ecron e lair	y son. Local Klan S SIGNATURE 515 P	transc:	.1s, Ore. O'Hair's Falls, Ore. ript of a recor
30A DECEASED WILL BE Burled Cremated Removed 0 31. DATE RECEIVED BY 32 6-19-6 STATE OF ORE County of This certifies	STRAR'S USE 308. DATE	67 Klame GENATURE Ackerman	me or crematory or ath Mem. Paj 33. FUNERAL DIR	cemeren rk ecron e lair	y son. Local Klan S SIGNATURE 515 P	transc:	.1s, Ore. O'Hair's Falls, Ore. ript of a recor
30A DECEASED WILL BE Burled Cremated Removed 0 31. DATE RECEIVED BY 32 6-19-6 STATE OF ORE County of This certifies	STRAR'S USE 308. DATE	Klamati	correct an County De	d con	y son. Local Klais SIGNATURES 515 P	transc:	ript of a record of Health
STATE OF OREC County of This certifies of death on file w	STRAR'S USE 308. DATE	67 Klame GENATURE Ackerman	correct an County De	d con	y son. Local Klais SIGNATURES 515 P	transc:	ript of a record of Health
STATE OF OREC County of This certifies of death on file w	STRAR'S USE 308. DATE	Klamati	correct an County De	d con	y son. Local Klais SIGNATURES 515 P	transc:	ript of a record of Health
STATE OF OREC County of This certifies of death on file w	STRAR'S USE 308. DATE	Klamati	correct an County De	d con	y son. Local Klais SIGNATURES 515 P	transc:	ript of a record of Health
STATE OF OREC County of This certifies of death on file w	STRAR'S USE 308. DATE	Klamati	correct an County De	d con	y son. Local Klais SIGNATURES 515 P	transc:	ript of a record of Health
STATE OF OREC County of This certifies of death on file w VS-16 2/56	308. DATE 6-21-(2. REGISTRAN'S S) Marian A GON Klamath that the for ith the	Klamatine Ackerman regoing is a Klamati	correct an County De	d con	y son. Local Klais SIGNATURES 515 P	transc:	ript of a record of Health
STATE OF OREGON; COU	308.0ATE 6-21-(2. REGISTRAR'S S Marian A GON Klamath that the for hith the CAL)	Klamatine Ackerman regoing is a Klamati	correct an County De	d con	y son. Local Klais SIGNATURES 515 P	transc:	ript of a record of Health
STATE OF OREGON; COU	308.0ATE 6-21-(2. REGISTRAR'S S Marian A GON Klamath that the for hith the CAL)	Klamatine Ackerman regoing is a Klamati	correct an County De	d con	y soo. Local Klas Stankarung St. P mplete nent S. Regi	transc:	ript of a record of Health
STATE OF OREGON; COU- for rocord 2'	308.0ATE 6-21-(2. REGISTRAR'S S) Marian	Klamatine Ackerman regoing is a Klamati	correct and County Dej	d conpartm	y soo. Local Klas Stankarung St. P mplete nent S. Regi	transc:	ript of a record of Health
STATE OF OREGON; COU- for rocord at 22nd day of Junes	308. DATE 6-21-(6-21-(REGISTRAR'S S Marian Marian	Klamatine Ackerman VOII WATE; ss. B. Woyak 67	correct and County Dej	d conpartm	y soo. Local Klas Klas S15 P mplete ment S. Regi	transc:	ript of a record of Health
STATE OF OREGON; COU- for rocord 2'	308. DATE 6-21-(6-21-(REGISTRAR'S S Marian Marian	VOII (ATH; ss. B. Woyak 67 Deeds	correct an County Dej	d control department of the control	y soo. Local Klas Klas S15 P mplete nent Regi	transc:	ript of a record of Health
STATE OF OREGON; COU- for rocord at 122nd day of June	308. DATE 6-21-(6-21-(REGISTRAR'S S Marian Marian	VOII (ATH; ss. B. Woyak 67 Deeds	correct an County Dej	d control department of the control	y soo. Local Klas Klas S15 P mplete nent Regi	transc:	ript of a record of Health
STATE OF OREGON; COU- for rocord at 22nd day of Junes	308. DATE 6-21-(6-21-(REGISTRAR'S S Marian Marian	VOII (ATH; ss. B. Woyak 67 Deeds	correct and County Dej	d control department of the control	y soo. Local Klas Klas S15 P mplete nent Regi	transc:	ript of a record of Health

