## OREGON STATE BOARD OF HEALTH VITAL STATISTICS SECTION

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	A. COUNTY Klamath							A. STATE Oregon B. COUNTY Klamath												
	D. CITY, TOWN, of untable expectate OF COCATION Alamath Falls 3 16213 D. NAME OF HOSPITAL (If not in hospital, give surest address)							C. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION Chiloquin D. STHEET ADDRESS, RURAL ROUTE, ETC.												
	Pressystemian Intercommunity Hospital							al	No numbers - P.O. Box # 364											
	4. DATE OF Month Day Year 8. SEX DEATH November 26 1965 Male							e. COLOR OR RACE White			7- MARITAL STATUS (a) Nurried [] Willowed [] Divorced [] Never Married									
	8. SOCIAL SECURITY NO.   9. USUAL OCCUPATION							10. KIND OF BUBINESS OB INCUSTRY DCIT BIRTHDAY IF UNDER 1			1 YEAR	11. NAME OF SPOUSE LUCILLO ULAM VEAR   IF UNDER 24 HOURS								
	12.	DATE C BIRTH		ptemb			1892				73	tra.	nlha	Days		Hou	r <b>•</b>		Minutes	
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		NAME	OF FA	THER	ores	<u></u>			MAIDE							T'B HAMI	E AND			
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Action Suicide Bonicide   At Work   At Work   20. TIME OF flour Month flay Year   27. DESCRIBE HOW INJURY OCCURRED.																				
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