## 18318 CERTIFIED COPY FOLIMGY 9674 OREGON STATES OF HEALTH WITAL SECTION

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A COUNTY KIREATH	A STATE Oregon . COUNTY Klamath
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D. NAME OF HOSPITAL TO A DOTAL TO THE HOSPITAL POINTS Home	D. STEET ADORESE RUSAL SOUTE FTC.
BALLOW June 1 1964 Female	S. COLOR OR RACE
8. SOCIAL SECURITY NO. 8. USUAL OCCUPATION HAS HOUSE OF THE BOOK O	10. KIND OF BUSINESS 11. NANK OF RIQUES 34
14. DATE OF HOUSE FOR THE THE SER LAST	1100erc Sunners
Jan. 17 1894 70  44 BIRTHPLACE these of Pureling Decelors 18, WAS DECK.	ASEO A CITIZEN OF SIE IF DECEASED WAS A VETSRAN.
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EO. CALIER OF DEATH SENTER CONT. ONE SALER CON LINE SE CALLER	
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printing the mater   BUK TO (d) :	
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1 23. WAR BEATS RESULT OF 1880   24. IF ALCORAT, DIS INCHES   23A.	PLACE OF SERVICE   THE BODY CONT   Debug   December   D
Accident Buicton Household I As work As work	DESCRIBE HOW INJURY OCCURRED.
Managan Ed California (M. 1984)	
20. CERTIFICATED CATE DE LA CATE	
EVERE	TTE HOWAID MID.
29/ RESERVED FOR REGISTRAD & MORNEY CONTROL OF THE PROPERTY OF	lamath Falls, Oregon
	33   X
Build Cornated Removed Other   6/4/64   Ft.K.	lamath Cemetery Ft. Klamath, Oregon

STATE OF OREGON, } ss County of Klamath } ss Filed for record at request of Boivin & Boivin on this 12 day of Dec A. D. 19 67 at 4145 o'cleok P.M. and duly recorded in Vol. m=67 of deeds

OREGON STATE BOARD OF HEALTH VITAL STATISTICS SECTION VOLM 67 PAGE

LOCAL REGISTRAR'S NUMBER /S3		PUBLIC	E OF CHECOM HEALTH POR HEALTH BERV		DATE REC		O.,	.)# - 1944-75-#	Laterative
1. NAME OF DECEASED (Tape or print all entries in black ink)	Ethel	Irot	Tva	lidale	-		lan	-	
2. PLACE OF DEATH			3. USUAL	RESIDENCE		m. give resid		managa a	
1.1	aeath		A. STAT	" Ore	Jon	B. C	OUNTY	Ongar	th
B. CITY, TOWN, df outside co OR Himita, so save LOCATION IN LAIRER		STAY IN 28	OR		milli Logi		o apocity)		
D. NAME OF HOSPITAL OR INSTITUTION PORCE				EET ADDRES				· .	~
4. DATE OF Month	Day Year	Carrie and American		u ațe					
DEATH June 1	1964	Female		Cau.	ACE.	[]. Ma		] Wildowed	
8. SOCIAL SECURITY NO.   9. USUAL OCC		PATION med of life)	10. KIND OF BUSINESS OR INDUSTRY			11. NAME OF SPOUSE			
12. DATE OF Month	Housewill Per Year				R I YEAR	Robert Summers			
Jan. 17		13. AGE LAST	BIRTHDAY	Months	Daya	п	UNDE	R 24 HOU	Incles
14. BIRTHPLACE (State or Foreign		18. WAS DECEA			16. IF D	ECEASED AT WAR!	WAS A	VETERAN	
17. NAME OF FATHER		18, MAIDEN NAM		ER C	ID. INFO	RMART'S HA	HE AND		
No .	record		CONG 46	D 084	1	TIONSHIP TO		19 2417	ووواله
20. CAUSE OF DEATH (ENTE	er only one cause	F FER LINE IN (A), (B)	AND INC.					th	
PART I: DEATH WAS CA	USE (A):	ereprol !	y grayes	à occ	idout		- Yes	Between On Horses, days, ho	eri anvi i ure, etc.
PART I: DEATH WAS CA	(B):	ereprol of	V OR CO	à occ	idout			Works	eri and i
PART I: DEATH WAS CA.  IMMEDIATE CAI  Conditions, if any.) DUE TO  which gave rise to) above cause (a).) stating tile under-) lying cause last.) DUE TO	(B):	OID , VB					-7 /	us, daya, ho UCYLA	wre, etc.
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PART I: DEATH WAS CA.  IMMEDIATE CAI  Conditions, if any.) DUE TO which Eave rise to ) set to the total part of the total part (a).  PART II: Other Rignificant, Conditioning to bush but not reconditioning to bush but not recondition to the total part (a).  PART II: Other Rignificant, Conditioning to the total part of t	(B):  (C):  ondition pull valued to Occur at 17 Accident occur	COLDENS UNIT 25A.	tevezes.	vie   21.	lf decrased w	he past 12 m	yes there as	22. Was perfu	an Aulop
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STATE OF OREGON, SS County of Klamath Filed for record at request of Boivin & Boivin

on this 12 day of Dec A. D. 19 67 at 4:45 o'clask P M, and duly recorded in Vol. m-67 of deeds Page,9674