	CERTIFIER BURIAL	1 CAUSE	Upual residence where deceased lived. If does the control of the c		
V5.2 R-69	NATURE  SI-MYSICIAN  SI-MYSICIAN  SI-MYSICIAN  SI-MYSICIAN  SI-MYSICIAN  SIDIAN BABOVAL  CEMETERY OF CHEMA  ON-SIGNATURE  ON-SIG	conscions of the total of the t	First  Barles desley  radian, sax male  cirr, rown, o  cirr, rown,	100 17 11 10 AN 1939 100 17 11 10 AN 1939	
	ONT PROPERTY OF THE PROPERTY O	TO death but not related to cause given and but not related to cause given and but not related to cause given how injust occurred or R. E.D. No., city or year And Last San Ham/Her Alive	Under I year Under I  58	STATE OF OREGON—STATE BOARD OF HEALTH  VITAL Section  CERTIFICATE OF DEATH	
in the state of th	deter dath (specify)  after dath (specify)  bit 45 AH <sub>3,4</sub> edge, due to the edge, due to th		DATE OF DEATH (month, day, year)  2. NOVEMBER 4, 1969  2. NOVEMBER 4, 1969  AN EART OF BIRTH (month, day, year)  ITAL OR OTHER INSTITUTION—NAME  ITAL OR OTHER INSTITUTION  ITAL O	1944 J. 27.7	
	STATE OF ORIGON  County of Klamath  This certifies that the foregoing is a correct and complete transcript a record of death on file with the Klamath County Department of Health.  NEIL BLACK, M.D., Registrar Vital Statistics  (SEAL)  By Signa Deputy Registrar VOID IF ALTERED		istrar Vital Statistics  Deputy Registrar		
	STATE OF OREGON; COUNTY OF KLAMATH; ss.  Filed for record at request of				