			The state of the s
7	CERTIFIER BURIAL	Usual residence where decased lived, if death residence before admission.	
		DECEASED—NAME  1. HE AND LINE  1. HE AND LINE  1. HE AND LINE  1. HE AND LINE  2. COUNTY OF DEATH  7. HE AND LINE  3. HE AND LINE  4. LECURITY NUMBER  12. 54.0—0.5—10.4 B  12. HE AND LINE  14. LECURITY NUMBER  12. 10.—10.4 B  13. LECURITY NUMBER  14. LECURITY NUMBER  15. LECURITY NUMBER  16. LECURITY NUMBER  17. LECURITY NUMBER  18. LECURITY NUMBER  19. LECURITY	
	day year lhome, fam day year log, etc. (specify)  day year logo logo logo logo logo logo logo log	COUNTY COUNTY COUNTY LETCE LETCE LETCE LETCE CONDITIONS:	
	TUNERAL HOME - NAME (NOTE AND CATEGORY)    1	Middle  Middle  Middle  Middle  Mint Country  S. A. C.  MINT FAITON (give ki language)  CITY, TOWN,  I.E. Hamal HER. Mailden Nan  Maude  Maude  IENTER ON  Maude  Maude	STATE OF OREGON—STATE Vital Statistics
	R.F.D. No city or town, country of town, country or town described by City or town town the fall appears (street, city or town town town town town city or town town town town town town town town	TO CCURRED (enter nature of	
	pecity)    Continue   Date sion	Sale File Number OF DEATH (month, OF DEATH (month) OF DEA	
	EED at the place, on the date, and, to the best of my knowle best of my knowle ground.  Be (month, day, year)  DATE (mo., day, year)  DATE (mo., day, year)  DATE REGISTRAR  STATE REGISTRAR  STATE REGISTRAR	day, year)  371  day, year)  B  NAME  NethOSPITEI  PIETCE  shell Ospital  prince oner and death  streen oner and death  26 months  26 months	
	a record of death on file w	egoing is a correct and complete transcript of ith the Klamath County Department of Health.  1. BLAUX, M.D., Registrar Vital Statistics  Phinapad Marshay, Deputy Registrar e 19 7/	
	STATE OF OREGON; COUNTY OF KI  Filed for record at request of this 6th day of July A  Vol. M71	D., 19_71 at4:07 o'clockP.M., and duly recorded in	
	Fee \$1.50		