

STATE FILE NUMBER									
DATE OF DEATH (month, day, year)									
1. NAME (last, first, middle) 2. SEX 3. DATE OF BIRTH (month, day, year) 4. PLACE OF BIRTH (state, county, city or town) 5. DATE OF DEATH (month, day, year) 6. NAME (last, first, middle) 7. SEX 8. DATE OF BIRTH (month, day, year) 9. PLACE OF BIRTH (state, county, city or town) 10. DATE OF DEATH (month, day, year)									
11. NAME (last, first, middle) 12. SEX 13. DATE OF BIRTH (month, day, year) 14. PLACE OF BIRTH (state, county, city or town) 15. DATE OF DEATH (month, day, year) 16. NAME (last, first, middle) 17. SEX 18. DATE OF BIRTH (month, day, year) 19. PLACE OF BIRTH (state, county, city or town) 20. DATE OF DEATH (month, day, year)									
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Amme Michael

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Blamath County Department of Health.

(SBAL)

By W. J. [illegible], Deputy Registrar
Date 12-2-1970 19

STATE OF OREGON; COUNTY OF KLAMATH; ss.

this 28th day of July A. D., 1972, at 1:13 o'clock P. M., and duly recorded in
Vol. M-72, of DEEDS on Page 8279.

WM. D. MILNE, County Clerk