		<i>I</i>	and the second s	The second secon		
P	CERTIFIER	CAUSE		Usual residence where decreased fived. If death occurred in institution, give residence before admission.		
25. SIGNATURE RESITION TURE 25. SIGNATURE RESITION TURE 25. SIGNATURE 25. SIGNATURE 25. SIGNATURE 25. SIGNATURE 25. SIGNATURE 26. SIGNATURE 27. SIGNATURE 28. SIGNATURE 29. SI	The certification month can year month day year And tail San Hin/Her Alive (Pol Noil) About date, and, to the physician S 25 5 9 7 2 4 70 an month day year And tail San Hin/Her Alive (Pol Noil) About date, and, to the physician Science of the physician S 25 5 9 7 2 4 70 an month day year of the physician Science of the	but not related to cause given in Part I is: (set or no) HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18) TION (affect or R.F.D. No., city or lown, county, state)	St. Clawson 16 Emma Swenson 17 Harry Clawson (Dult) St. Clawson 16 Emma Swenson 17 Harry Clawson (Dult) St. Clawson one indicate death serve of as a consequence of Carolina Consequence of Carolina Consequence of Carolina Consequence of Carolina Carolin	Control The	CERTIFICATE OF DEATH State of DATE (month, day, year) First FILLIAN OPTO OPTO OPTO AGE—Last MILLIAN AGE—Last MILLIAN AGE—Last Mondar year Under day DATE OF BIRTH (month, day, year) OPTO American Indian, SEX Idale St. Marc Marc	STATE OF OREGON—STATE BOARD OF HEALTH ON 12 10 220 Vijel Switches Section
	County of Klamath This certifies that a record of depthe or	NEIL BLACK, A	1.D. Regist	y Department of rar Vital Statis	stics	
File	TE OF OREGON; COUNTY C	VOID IF OF KLAMATH; ss. Klamath County A. D., 1973 at 4	Assessor's	Office .kPM., and di	uly recorded in	
Vol.		S	By Cynell	D. MILNE, County	Clerk	

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