	CERTIFIER BURIAL	DECEASED Usual residence where deceased lived. If death occurred in instruction, give admission. CAUSE	
	ACCIDENT LIDECTLY VES OF NO. 20. 20. 20. 20. 20. 20. 20. 2	그 좀 없었으면 그 그 씨나 지하는 1번 뒤로 하다.	15 138
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	RED of the place, on the date, and to the best of my knowli- ted (month, day, year) 271 16, 1975 210 97601 DATE (mo., day, year) 24d, 4-17-73 24d, 4-17-73 24d, 4-18-75 STATE REGISTEAR STATE REGISTEAR	sy, year) sy, year) sy, 1908 stant deceased [fe approximate interval and death are findings considered minima cause of death are findings considered minima caus	73 ((1)
	STATE OF OREGON	ne foregoing is a correct and complete transcrifile with the <u>Klamath County Department</u> of Heal VELDON C. BOGE, M.D., Registrar Vital Stati	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(SEAL) STATE OF OREGON; COUNTY OF KLAN	By Marian Information, Deputy Reputy Revolution of April 7 1973 WATH; ss.	gistrar
	Filed for record at request of LONGA	o'clock PM, and duly recorded 4668 on Page WM. D. MILNE, County Clerk	d in
			Mil Harris