CERTIFIER CAUSE FATHER-HAME MUV 14 3 25 PM 1910 office bldg., etc. (specify) JOSEPHINE In Indian. | SEX SEX AGE-Last Sinhday (years)

4. Female Sa. 78

CITY, TOWN, OR LOCATION OF DEATH OS Main Street, Klamath Falls, Oregon 97601 The CHIZEN OF WHAT COUNTRY WIDOWED, DIVOCED (specify) IN SUAL OCCUPATION (o) we kind of work done during most of working life, even if reliefd) Martin Cenetery 24c near Tindall, Missouri STATE OF OREGON—STATE BOARD OF HEALTH

ENTER OF DEATH

CERTIFICATE OF DEATH M.D. Thompson, Mall ath Funeral Home, Box 217, Klamath Falls, Ore. 97601

DATE RECEIVED BY TOCAL REGISTRAR

DATE RECEIVED BY STATE REGISTRAR

26. JUN 1 4 1972

27. 5 DATE OF SIETH (month, day, year 73 Page May 27, 189h

The institution-NAME

The rest and number of ministry

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County of Kramath

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This certifies that the foregoing is a correct and complete VOID IF ALTERED STATE OF OREGON; COUNTY OF KLAMATH; ss. o'clock P. M., and duly recorded in Filed for record at request of . __ A. D., 19.73 at _3:25__ day of _ Nov. WM. D. MILNE, County Clerk Fee \$2.00