

CP 260

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STATE OF OREGON - HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

DECEASED

Usual residence where deceased lived, if not in U.S.A., name country. If deceased lived in U.S.A. and abroad, give residence before admission.

CAUSE

1. Ischemic heart disease
2. Myocardial infarction
3. Hypertension
4. Arteriosclerosis
5. Coronary atherosclerosis
6. Chronic coronary artery disease
7. Chronic heart failure
8. Chronic obstructive pulmonary disease
9. Chronic bronchitis
10. Emphysema
11. Chronic obstructive pulmonary disease
12. Chronic heart failure
13. Chronic obstructive pulmonary disease
14. Chronic bronchitis
15. Emphysema
16. Chronic obstructive pulmonary disease
17. Chronic heart failure
18. Chronic obstructive pulmonary disease
19. Chronic bronchitis
20. Emphysema
21. Chronic obstructive pulmonary disease
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86. Chronic obstructive pulmonary disease
87. Chronic heart failure
88. Chronic obstructive pulmonary disease
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90. Emphysema
91. Chronic obstructive pulmonary disease
92. Chronic heart failure
93. Chronic obstructive pulmonary disease
94. Chronic bronchitis
95. Emphysema
96. Chronic obstructive pulmonary disease
97. Chronic heart failure
98. Chronic obstructive pulmonary disease
99. Chronic bronchitis
100. Emphysema

CERTIFIER

BURIAL

VS-2 R-49

Ret.
Ramsey
Br 365
K. P.

STATE OF OREGON
County of Klamath
This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health.
(SEAL)
Veldon C. BOGE, M.D., Registrar Vital Statistics
By Marian Chapman, Deputy Registrar
Date JAN 8 1974
VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of RAMSEY R. HUNTS
this 9th day of January A.D., 1974 at 4:11 o'clock P M., and duly recorded in
Vol. M 84 of DEEDS on Page 255
FEE \$ 2.00
WM. D. MILNE, County Clerk
By Hayden Brazil Deputy