CERTIFIER CAUSE BURIAL STATE OF BIRTH COUNTY OF DEATH SOCIAL SECURITY NUMBER RACE White, Negro, American etc. (specify) White INJURY AT WORK (specify yes or no) ACCIDENT (specify yes or no) PART II. OTHER SIGNIFICANT CONDITIONS: condition

Uremia and renal Samuel 31. DEATH WAS CAUSED BY: 100 Md DATE OF INJURY (month, day, year)

20b.

PLACE OF INJURY at home, for office bidg., atc. (specify) first mid Pulmonary and 18 1972 A. MIGLE 15.

CITY, TOWN, OR LOCATION OF DEATH

The Klamath Falls

The CITIZEN OF WHAT COUNTRY WID

O, U.S.A. 10. 85 JAASIAIE OF Klamath Malin Male farm, street, factory, CERTIFICATE OF DEATH Jan. #59 decompensation Campus Dr., Renal 10, AGE-Last birthday (years) (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)) embolii O'Hair's Cemetery 24c Malin, O: 1973 OREGON—STATE BOARD
Vital Statistics Section M. 20d. LOCATION (street or R.F.D. No., Everett MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) first And Last Saw 83 DATE RECEIVED BY LOCAL REGISTRAR LANGE 1 205 JAN 1 2 15/2 9 | 13b LTB2MBTY
| Inside City Limit STREET AND NUMBER OR R.F.D. (specify@Ser no) | 1-0 | P. Ω. BOX 21 | 14d. | INFORMANT-NATION mos. days m (specify yes or no)  $\mathcal{L}$ Him/Hei day Klamath Falls Howard dry or t OF HEALTH Alive KIND OF BUSINESS OR INDUSTRY HOSPITAL OR OTHE If not in either, and 7d. PTES. IF NAME OF SPOUSE 11. Beulah F view ofter Beulah Reber the body death (specify) Vol7M77 Page Is, Oregon 97601

Is Oregon 244 1-13-73

From, side, zip) 97601

515 Pine, Klamath Falls, C.

TRAK DATE RECEIVED BY STATE REGISTRAK M. D. DATE OF DEATH (month, day, year)
2. January 10, 1973
2. DATE OF BIRTH (month, day, year)
6. April 5, 1889 AUTOPSY (yes or no)
19a. No April 5, 1889
OTHER INSTITUTION—NAME
or, Tim ter commin. Hospt. 7:15 DEATH OCCURRED 220 IF YES were findings considered in determining cause of death nship to de Wife Ô 4: ₹ (month, day, year) MEDIC 311 Die. 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. VELDON C. BOGE, M.D., Registrar Vital Statistics (SEAL) , Deputy Registrar JAN 1 5 1973 12.09 VOID IF ALTERED STATE OF OREGON; COUNTY OF KLAMATH; ss. Filed for record at request of \_\_\_\_CORA\_ROCERS 10th day of January A. D., 1974 at ...... 4:55 o'clock ...p. ... M., and duly recorded in WM. D. MILNE, County Clerk Vol. Fee \$ 2.00 Chiro Cara Ragers. Star Raute, Bay 13, Chilog Carellaciles The second party