JAN 11 10 55 AM 1914 85047 SOCIAL SECURITY NUMBER

12. 5/11-09-9253
RESIDENCE-STATE FATHER-NAME specify yes or no) DEATH WAS CAUSED BY: E S DATE OF INJUST (month, day, year) PLACE OF INJURY at home, office bldg., etc. (specify) due to, or as Charles 1968 8 conditions contribution CERTIFICATE OF DEATH OR LOCATION OF DEATH 3 STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section 19, 1978 ENTER ONLY ONE CAUSE PER LINE FOR (a), (b). Klamath Falls | iden Name first middle Variate Coll S. J. S. A. Kenneth K. And Last Saw on: month Klamath city or Magee Him/Her day 73 Home, Box 217, Klamath Falls, Ore. 97601 III. Jennie D. Charles INFORMANT-NAME and relationship view the body after death (specify) Tron Works Gladys Cox State File Number

DATE OF BEATH (month, day, year)

2. September 19, 1973

DATE OF BIRTH (month, day, year) state Oregon BEATH OCCURRED (hour) 8:15 a M. DATE SIGNED (Daughter)
approximate interval
between onset and deat IF YES were findings considered in determining cause of death 97601 DATE (mo., day, 4 Sept.21, 20, 1973 Vol. 1973 73 Poge_ Ret: Jensie N.STATE OF OREGON

Ret: Jensie N.STATE OF OREGON

Charles This certifies that the foregoing is a correct and complete transcript of

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1744 Mass. a record of death on file with the Klamath County Department of Health. 1749 Registrar Vital Statistics Way K. 4! 316 VOID IF ALTERED STATE OF OREGON; COUNTY OF KLAMATH; ss. Jennie D. Charles __day of ___January A. D., 1974 at __10:55 ___ o'clock .___ A. M., and duly recorded in Filed for record at request of 11th Deeds WM. D. MILNE. County Clerk Fee \$2.00