JAN IV 11 55 AM 1974-_{255.}0'Hair's 25, 1973 NAME (type or print)
226. Fred 8. 01 PUS Dr., Klamath Falls,

NAME LOCATION City or lown

motery 24c Klamath Falls,

TAL HOME-NAME AND ADDRESS (street, city or lown, s 81 7 M.D. 22c. 2 & Diccont. (hour) 5:50 IF YES were findings considered in determining cases of death 19b. Vol. Ret: Unitary STATE OF OREGON Page 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. x. A. Ur VELDON C. BOGE, M.D., Registrar Vital Statistics (SEAL) Deputy Registrar 502 VOID IF ALTERED STATE OF OREGON; COUNTY OF KLAMATH; ss. MANAGON OF THE STATE OF THE STA day of ______ A. D., 19_74 at 11:56 WM. D. MILNE, County Clerk