

R.L. D. C. Persons
 2804 - Tucker St
 Eugene Ore

STATE OF OREGON; COUNTY OF KLAMATH; ss.
 Filed for record at request of D. C. PERSONS
 this 7th day of MARCH A. D., 1974 at 10:12 o'clock A.M., and duly recorded in
 Vol. M 74 of DEEDS on Page 3168
 FEE \$ 2.00
 By WM. D. MILNE, County Clerk
Harold D. Dugan Deputy

STATE OF OREGON
 County of LINCOLN
 This certifies that the
 foregoing is a correct
 and complete transcript
 of a record of death on
 file with the LINCOLN
 COUNTY HEALTH DEPARTMENT.
 Barbara Wood M.D.
 Registrar of Vital Statistics
 By: Flannce Butler
 Date: February 21, 1974

CERTIFIED COPY
 OF DEATH
 RECORD

86638
 STATE OF OREGON - STATE BOARD OF HEALTH
 VIA STATISTICAL SECTION
 CERTIFICATE OF DEATH
 State File Number: 1012 AM 1974
 Vol. 114 Page 3168

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 DECEASED
 1. NAME (last, first, middle)
 2. DATE OF BIRTH (month, day, year)
 3. SEX
 4. RACE
 5. HEIGHT (inches)
 6. WEIGHT (pounds)
 7. COLOR OF EYES
 8. COLOR OF HAIR
 9. BLOOD TYPE
 10. SOCIAL SECURITY NUMBER
 11. MARITAL STATUS
 12. PLACE OF BIRTH (city, town, county, state)
 13. PLACE OF DEATH (city, town, county, state)
 14. DATE OF DEATH (month, day, year)
 15. TIME OF DEATH (hour, minute)
 16. PLACE OF DEATH (city, town, county, state)
 17. PLACE OF DEATH (city, town, county, state)
 18. PLACE OF DEATH (city, town, county, state)
 19. PLACE OF DEATH (city, town, county, state)
 20. PLACE OF DEATH (city, town, county, state)

31
 CAUSE
 1. CAUSE OF DEATH (month, day, year)
 2. CAUSE OF DEATH (month, day, year)
 3. CAUSE OF DEATH (month, day, year)
 4. CAUSE OF DEATH (month, day, year)
 5. CAUSE OF DEATH (month, day, year)
 6. CAUSE OF DEATH (month, day, year)
 7. CAUSE OF DEATH (month, day, year)
 8. CAUSE OF DEATH (month, day, year)
 9. CAUSE OF DEATH (month, day, year)
 10. CAUSE OF DEATH (month, day, year)

32
 MEDICAL INVESTIGATOR
 1. NAME (last, first, middle)
 2. DATE OF BIRTH (month, day, year)
 3. SEX
 4. RACE
 5. HEIGHT (inches)
 6. WEIGHT (pounds)
 7. COLOR OF EYES
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 18. PLACE OF DEATH (city, town, county, state)
 19. PLACE OF DEATH (city, town, county, state)
 20. PLACE OF DEATH (city, town, county, state)

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 BURIAL
 1. NAME (last, first, middle)
 2. DATE OF BIRTH (month, day, year)
 3. SEX
 4. RACE
 5. HEIGHT (inches)
 6. WEIGHT (pounds)
 7. COLOR OF EYES
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 9. BLOOD TYPE
 10. SOCIAL SECURITY NUMBER
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 19. PLACE OF DEATH (city, town, county, state)
 20. PLACE OF DEATH (city, town, county, state)

34
 CERTIFICATE
 1. NAME (last, first, middle)
 2. DATE OF BIRTH (month, day, year)
 3. SEX
 4. RACE
 5. HEIGHT (inches)
 6. WEIGHT (pounds)
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 20. PLACE OF DEATH (city, town, county, state)

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 ORIGINAL - VITAL STATISTICS COPY