

86950 240 CERTIFICATE OF DEATH Vol. 74 Page 3581

STATE OF OREGON - HEALTH DIVISION
Vital Statistics Section

DECEASED: NAME JOHN ROBBINS, SEX Male, AGE 77, DATE OF BIRTH 25, 1973, DATE OF DEATH 12, 1974, 12:32 PM.

CAUSE: Respiratory Depression

CERTIFIER: Veldon C. Boege, M.D., Registrar Vital Statistics

BURIAL: Klamath Falls, Oregon

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

By Marianne Robinson, Deputy Registrar
Date JUN 26 1975

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of LENA ROBBINS
this 20th day of MAR CH A.D., 1974 at 12:32 o'clock P.M., and duly recorded in
Vol. M 74 of DEEDS on Page 3581

FEE \$ 2.00

WM. D. MILNE, County Clerk
By Hazel L. Hazel Deputy