

RECEIVED
MAR 10 1975
@ 1:30 P.M.

98748 225 Post 2763

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Date of birth		4. Date of death	
Male		Male		47		January 2, 1975	
5. Place of birth		6. City or town of birth		7. State of birth		8. Date of death	
Klamath Falls		Klamath Falls		Oregon		January 4, 1977	
9. Cause of death		10. Nature of disease		11. Nature of injury		12. Nature of poison	
Occlusive coronary arteriosclerosis		U.S.A.		Hypertension		No	
13. Date of death		14. Time of death		15. Place of death		16. Name of physician	
5:26-26-3093		Roof top		Klamath Falls		Yes	
17. Name of informant		18. Relationship		19. Signature of informant		20. Signature of physician	
Eud Lawry		Klamath Falls		Anna Lawry, wife		P.O. Box 41	
21. Name of informant		22. Relationship		23. Signature of informant		24. Signature of physician	
Eud Lawry		Klamath Falls		Anna Lawry, wife		P.O. Box 41	
25. Name of informant		26. Relationship		27. Signature of informant		28. Signature of physician	
Eud Lawry		Klamath Falls		Anna Lawry, wife		P.O. Box 41	
29. Name of informant		30. Relationship		31. Signature of informant		32. Signature of physician	
Eud Lawry		Klamath Falls		Anna Lawry, wife		P.O. Box 41	
33. Name of informant		34. Relationship		35. Signature of informant		36. Signature of physician	
Eud Lawry		Klamath Falls		Anna Lawry, wife		P.O. Box 41	
37. Name of informant		38. Relationship		39. Signature of informant		40. Signature of physician	
Eud Lawry		Klamath Falls		Anna Lawry, wife		P.O. Box 41	
41. Name of informant		42. Relationship		43. Signature of informant		44. Signature of physician	
Eud Lawry		Klamath Falls		Anna Lawry, wife		P.O. Box 41	
45. Name of informant		46. Relationship		47. Signature of informant		48. Signature of physician	
Eud Lawry		Klamath Falls		Anna Lawry, wife		P.O. Box 41	
49. Name of informant		50. Relationship		51. Signature of informant		52. Signature of physician	
Eud Lawry		Klamath Falls		Anna Lawry, wife		P.O. Box 41	
53. Name of informant		54. Relationship		55. Signature of informant		56. Signature of physician	
Eud Lawry		Klamath Falls		Anna Lawry, wife		P.O. Box 41	
57. Name of informant		58. Relationship		59. Signature of informant		60. Signature of physician	
Eud Lawry		Klamath Falls		Anna Lawry, wife		P.O. Box 41	
61. Name of informant		62. Relationship		63. Signature of informant		64. Signature of physician	
Eud Lawry		Klamath Falls		Anna Lawry, wife		P.O. Box 41	
65. Name of informant		66. Relationship		67. Signature of informant		68. Signature of physician	
Eud Lawry		Klamath Falls		Anna Lawry, wife		P.O. Box 41	
69. Name of informant		70. Relationship		71. Signature of informant		72. Signature of physician	
Eud Lawry		Klamath Falls		Anna Lawry, wife		P.O. Box 41	
73. Name of informant		74. Relationship		75. Signature of informant		76. Signature of physician	
Eud Lawry		Klamath Falls		Anna Lawry, wife		P.O. Box 41	
77. Name of informant		78. Relationship		79. Signature of informant		80. Signature of physician	
Eud Lawry		Klamath Falls		Anna Lawry, wife		P.O. Box 41	
81. Name of informant		82. Relationship		83. Signature of informant		84. Signature of physician	
Eud Lawry		Klamath Falls		Anna Lawry, wife		P.O. Box 41	
85. Name of informant		86. Relationship		87. Signature of informant		88. Signature of physician	
Eud Lawry		Klamath Falls		Anna Lawry, wife		P.O. Box 41	
89. Name of informant		90. Relationship		91. Signature of informant		92. Signature of physician	
Eud Lawry		Klamath Falls		Anna Lawry, wife		P.O. Box 41	
93. Name of informant		94. Relationship		95. Signature of informant		96. Signature of physician	
Eud Lawry		Klamath Falls		Anna Lawry, wife		P.O. Box 41	
97. Name of informant		98. Relationship		99. Signature of informant		100. Signature of physician	
Eud Lawry		Klamath Falls		Anna Lawry, wife		P.O. Box 41	

ORIGINAL - VITAL STATISTICS COPY

STATE OF OREGON
County of Klamath

This certifies that the foregoing is a correct and complete transcription of a record of death on file with the Klamath County Department of Health.

WILLIAM C. BOONE, M.D., Registrar Vital Statistics

By Marianne Johnson Deputy Registrar
Date JAN 15 1975

Anna Lawry
P.O. Box 41
Klamath Falls, Ore.

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of Anna Lawry
this 10th day of March A.D., 1975 at 1:30 o'clock P. M., and duly recorded in
Vol. M 75 of Deeds on Page 2763

Fee 2.00

By Wm. D. Milne County Clerk
Deputy James Mitchell