

CERTIFICATE OF DEATH

4544
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103															103														
DECEASED															DECEASED														
1. DECEASED NAME: JOSEPH															1. DECEASED NAME: JOSEPH														
2. PLACE OF BIRTH: St. Louis, Mo.															2. PLACE OF BIRTH: St. Louis, Mo.														
3. DATE OF BIRTH: 1906															3. DATE OF BIRTH: 1906														
4. SEX: Male															4. SEX: Male														
5. CITY, TOWN, OR LOCATION OF BIRTH: St. Louis, Mo.															5. CITY, TOWN, OR LOCATION OF BIRTH: St. Louis, Mo.														
6. CITIZENSHIP: U.S.A.															6. CITIZENSHIP: U.S.A.														
7. SOCIAL SECURITY NUMBER: 514-38-9112-A															7. SOCIAL SECURITY NUMBER: 514-38-9112-A														
8. RESIDENCE: St. Louis, Mo.															8. RESIDENCE: St. Louis, Mo.														
9. COUNTY: St. Louis															9. COUNTY: St. Louis														
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Never married															10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Never married														
11. NAME OF SPOUSE: None															11. NAME OF SPOUSE: None														
12. KIND OF BUSINESS OR INDUSTRY: Sold															12. KIND OF BUSINESS OR INDUSTRY: Sold														
13. STREET AND NUMBER OR R.F.D.: 520 Madison															13. STREET AND NUMBER OR R.F.D.: 520 Madison														
14. INFORMATION: None															14. INFORMATION: None														
15. DATE OF DEATH: March 20, 1975															15. DATE OF DEATH: March 20, 1975														
16. DATE OF BIRTH (month, day, year): January 1, 1896															16. DATE OF BIRTH (month, day, year): January 1, 1896														
17. HOSPITAL OR OTHER INSTITUTION: St. Louis															17. HOSPITAL OR OTHER INSTITUTION: St. Louis														
18. ADDRESS: St. Louis, Mo.															18. ADDRESS: St. Louis, Mo.														
19. NAME OF SPOUSE: None															19. NAME OF SPOUSE: None														
20. NAME OF SPOUSE: None															20. NAME OF SPOUSE: None														
21. NAME OF SPOUSE: None															21. NAME OF SPOUSE: None														
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67. NAME OF SPOUSE: None															67. NAME OF SPOUSE: None														
68. NAME OF SPOUSE: None															68. NAME OF SPOUSE: None														

STATE OF OREGON
County of Elbert

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.

WELDON C. BOGE, M.D., Registrar Vital Statistics

By Heriberto Murphy, Deputy Registrar
Date March 22, 1975 19 75

VOID IF ALTER'D

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of GANONG & SISEMORE ATTYS.

Filed for record at request of GRANVILLE & SONS
 on 28th day of APRIL, A.D., 1975 at 10:30 o'clock A.M., and duly recorded in

Vol. M 75 of DEEDS on Page 4544

FEE \$ 2.00

WM. D. MILNE, County Clerk

Deputy