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D (enter nature of injury in Part I or Part II, it is treet or R.F.D. No., Giv or rown, could inquiry and in my opinion death result Marke-Hype or printl    12b. Veldon C. Boge   DATE SIGNED (month, day, rear)   March 17, 1975     10CATION Giv or town AME AND DATE RECEIVED by GOCAL REGISTRAN (intert. Giv or town AME AND DATE RECEIVED by GOCAL REGISTRAN 26b. March 17, 1975.    2b. March 17, 1975.	TON Green during most of the last of the l	
AUTOPSY IF Y55 w  (yes or no) in determ  (ya. NO 199b.  Item 18)  Item 18)  Litem 18)  Accident   Industrial   Industrial	State File Number  DATE OF DEATH (month, day, yo  2. March 12. 19  DATE OF BEATH (month, day, yo  2. March 11. 11  DATE OF BIATH (month, day, yo  A. Appril 11. 11  STORE, Sive Sives institution-budger  State, sive sives and numbers  St. BOX 15. (Re  ST. Rt. BOX 15.  NAME and relationship to decease  M. Long, Wife  between	
STATE OF OREGON  County of Klamath  This certifies that the foregoing	is a correct and complete transcript of Klamath County Department of Health.	
Return To:  By Ma Date VOID IF AL  GIACOMINI, JONES & ZAMSKY ATTORNEYS AT LAW A PROFESSIONAL CORPORATION G35 MAIN STREET KLAMATH FALLS, OREGON	. BOGE, M.D., Registrar Vital Statistics  Chama, Deputy Registrar 19	
STATE OF OREGON; COUNTY OF KLAMATH; ss.  Filed for record at request of GIACOMINI, JONES 5. ZAMS this 16th day of DEC MBER A. D., 1975 at 3:55  Vol. M.75 of DEEDS on Page 1  FEE\$ 3.00	o'clockP_M., and duly recorded in	