

23065 129 CERTIFICATE OF DEATH

STATE OF OREGON - HEALTH DIVISION  
Vital Statistics Section

277 PM 1 04 1 01

DECEASED - NAME First Middle Last  
1. RACE White SEX Female  
2. COUNTY OF DEATH Clatsop CITY, TOWN, OR LOCATION OF DEATH Clatsop Falls  
3. STATE OF BIRTH (if not in U.S., give country) Oklahoma  
4. SOCIAL SECURITY NUMBER 543-62-3587  
5. RESIDENCE - STATE Oregon COUNTY Clatsop CITY, TOWN, OR LOCATION Clatsop Falls  
6. FATHER - NAME First Middle Last MOTHER - Maiden Name first middle last  
7. Charlie Cleveland Collier 16. Ethel Pickenpaugh  
8. DEATH WAS CAUSED BY: (a) Immediate cause (b) due to, or as a consequence of (c) due to, or as a consequence of (d) due to, or as a consequence of (e) due to, or as a consequence of  
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STATE OF OREGON  
County of Klamath

MARJORIE S. COMER, Registrar Vital Statistics

**VOID IF ALTERED**

I hereby certify that the within instrument was received and filed for record on the 4 day of May A.D., 19 77 at 1:01 o'clock P M., and duly recorded in Vol. M77 of Deed on Page 7677.

WM. D. MILNE, County Clerk

IN THE  
APPROPRIATE  
ZONE  
BY