

31550

350

STATE OF OREGON - HEALTH DIVISION

Vital Statistics Section

77 JUN 11 51

Local File Number

CERTIFICATE OF DEATH

Vol.

Page

11174

1. DECEASED		2. DATE OF DEATH (month, day, year)	
3. RACE, WHITE, Negro, American Indian, etc.		4. DATE OF BIRTH (month, day, year)	
5. SEX		6. DATE OF DEATH (month, day, year)	
7. COUNTY OF DEATH		8. DATE OF BIRTH (month, day, year)	
9. CITY, TOWN, OR LOCATION OF DEATH		10. DATE OF BIRTH (month, day, year)	
11. Klamath Falls		12. DATE OF BIRTH (month, day, year)	
13. Klamath Falls		14. DATE OF BIRTH (month, day, year)	
15. Klamath Falls		16. DATE OF BIRTH (month, day, year)	
17. Klamath Falls		18. DATE OF BIRTH (month, day, year)	
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95. Klamath Falls		96. DATE OF BIRTH (month, day, year)	
97. Klamath Falls		98. DATE OF BIRTH (month, day, year)	
99. Klamath Falls		100. DATE OF BIRTH (month, day, year)	

STATE OF OREGON
County of KlamathThis certifies that the foregoing is a correct and complete transcript of
a record of death on file with the Klamath County Department of Health.

(SEAL)

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

By Marian Sherman, Deputy RegistrarDate JUN 21 1976

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 24th day of
June A.D., 19 77 at 11:51 o'clock A M., and duly recorded in Vol. M77
of DEEDS on Page 11174.FEE \$ 3.00

WM. D. MILNE, County Clerk

By Hazel Brazil, Deputy