	Section 2.				M
	CERTIFIER PROPERTY AND THE PROPERTY AND	CAUSE P	Usual residence where deceased lived. If death nutrion, give residence before admission.		
	PHYSICIAN  PHYSICIAN  I altended the MCA-  I altended the MCA-  PHYSICIAN—SIGNATURE  21.  PHYSICIAN—SIGNATURE  22.  PHYSICIAN—SIGNATURE  23.  BURIAL  RAILING ADDRESS—PHYSICIAN  MAUS, (CREMATION, REMOVA  AM, MC LOREMATION, REMOVA  AM, MC LOREMATION, REMOVA  AM, MC LOREMATION  PHYSICIAN—SIGNATURE  25.  26.  PHYSICIAN—SIGNATURE  26.  26.  PHYSICIAN—SIGNATURE  28.  VS-2 R-49  VS-2 R-49	FATHER-NAME  15. JOHN H.  PART I. DEATI  18.  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last ying cause last yi	SED-NAVAIR, Ne ecify) Y OF DE Y OF DE SECURII SECURII SECURII SECURII	37978	To a study to the first trade to the state of the state o
	TOOR REGISTRARYS USE	Itss middle  Dahl  WAS CAUSED BY: immediate cause (a) due to, or ps a c (b) (C) due to, or ps a c (c) (d) (d) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	File Number First ING ING merican Indian. ite country nnesota sger - 6096 country lab.	159	
	To May 17 19 19 19 19 19 19 19 19 19 19 19 19 19	MOTHER-18.  16.  16.  16.  16.  16.  16.  16.	Femals Femals Femals Grizen or v Grizen or		
	And	Nettie E [ENTER ONLY ONE  LITTURE THE CONTROLL  TO death but no  M. 200  M. 20	VRIET  Location of the locatio	STATE OF OREGON Vital Statis	
	D. Mer. K11 LOCATION MO ADDRESS 1945 Mair RECRIVED B LINY LINY LINY LINY LINY LINY LINY LINY	Ticks CAUSE PER  Ticks Ticks Ticks The control of t	TA KLUS  I Last  TA KLUS  I Moder 1 year   Under 1 year   Under 1 year    I MARRIED NEVER MARRIED    I C. MIATT 1 ed    WIDOWED, DIVORCED (specify)    III. MIATT 1 ed    Softwork done during   Under 1 year    WIDOWED, DIVORCED (specify)    III. MIATT 1 ed    Softwork done during   Under 1 year    LAST    MINOR    MIN	ā Ļ	
	degree degree falls	a), (b), and (c)  17. R  a), (b), and (c)  17. R  AUTOPSY (yes or no) 19. NO center nature of injury in part I or lown, county, state)	DATE OF HERET AND NUMBER  State  DATE OF STREET AND NUMBER  DATE OF STREET STREET AND NUMBER  DATE OF STREET STR	7 0CT 28 PH	
	DEATH OCCURRE  (thy)    2:00 P.	Udolp  III YES  In determine the part II.	May 17 OF BIRTH (month) May 17 OF BIRTH (month) May 12 May 12 May 12 May 12 Rudoll Rudoll Rudoll Rudoll Homemal Homemal Homemal Homemal Homemal Homemal Homemal	1 25	
	ATE REGISTRAR	between onset and death between findings considered mining cause of death item 18)	, 1977 , day, year) , 1899 , 1899 , 1899 , 1899 , 1997 , day, year) ,	Vol. 7.	
	STATE OF OREGON County of Klamath This certifies that	RECORDING RETURN TO: BOIVIN, F Street, K the foregoing is a correct and a file with the Klamath County	lamath Falls, Oregon 97601		
	(SEAL)	MARJORIE S. COMER, Regist		20578	1 The second
	STATE OF OREGON; COUNTY OF	VOID IF ALTERED  CLAMATH; ss.	19	1	
	I hereby certify that the within instrumus October A.D., 19_77_at_4:25_ofon_Page 1.5.	o'clock P.M., and duly rec age 20576	corded in Vol <u>M77</u>		
	FEE \$3.00	WM. D. MILNE, Cour By Servethan	nty Cjerk Selech Deputy		
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		The second secon			