38304 299
Local File Number

STATE OF OREGON — HEALTH DVISION
Vital Statistics Section

CERTIFICATE OF DEATH

'77 NOV 2 AM 10 49
State File Number

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DECEASED

Usual residence where deceased lived. If death occurred in institution, give

DECEASED—NAME First 1. FRED	Middle RAY	Last MARTIN			DATE OF DEATH (month, day, year) 2. September 15, 1977
RACE White, Negro, American Indian, etc. (specify) 3. White	SEX 4. Male	AGE—Last birthday (years) 5a. 56	Under 1 year: mos. / days 5b.	Under 1 day: hours / min. 5c.	DATE OF BIRTH (month, day, year) 6. August 16, 1921
COUNTY OF DEATH 7a. Klamath	CITY, TOWN, OR LOCATION OF DEATH 7b. Klamath Falls		Inside City Limits (specify yes or no) 7c. Yes	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7d. Presbyterian Intercommunity	
STATE OF BIRTH (If not in U.S.A., name country) 8. Illinois	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10. Married		NAME OF SPOUSE 11. Vivian Martin	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (give kind of work done during		KIND OF BUSINESS OR INDUSTRY		

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...tment of Health.

...ital Statistics

...Deputy Registrar
19

...e 2nd day of
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...tsch Deputy