

40727

STATE OF OREGON - HEALTH DIVISION

Vital Statistics Section

343

CERTIFICATE OF DEATH

DEC 21 PM 3 37 Vol. 77 Page 24687

State File Number

DECEASED		DECEASED NAME		First		Middle		Last		DATE OF DEATH (month, day, year)	
1. NAME		2. SEX		3. AGE - last birthday (years)		4. DATE OF BIRTH (month, day, year)		5. DATE OF DEATH (month, day, year)		6. DATE OF BIRTH (month, day, year)	
7. CITY, TOWN, OR LOCATION OF DEATH		8. CITY, TOWN, OR LOCATION OF DEATH		9. CITY, TOWN, OR LOCATION OF DEATH		10. CITY, TOWN, OR LOCATION OF DEATH		11. CITY, TOWN, OR LOCATION OF DEATH		12. CITY, TOWN, OR LOCATION OF DEATH	
13. COUNTY		14. COUNTY		15. COUNTY		16. COUNTY		17. COUNTY		18. COUNTY	
19. FATHER'S NAME		20. FATHER'S NAME		21. FATHER'S NAME		22. FATHER'S NAME		23. FATHER'S NAME		24. FATHER'S NAME	
25. MOTHER'S NAME		26. MOTHER'S NAME		27. MOTHER'S NAME		28. MOTHER'S NAME		29. MOTHER'S NAME		30. MOTHER'S NAME	
31. DEATH CAUSED BY		32. DEATH CAUSED BY		33. DEATH CAUSED BY		34. DEATH CAUSED BY		35. DEATH CAUSED BY		36. DEATH CAUSED BY	
37. DEATH CAUSED BY		38. DEATH CAUSED BY		39. DEATH CAUSED BY		40. DEATH CAUSED BY		41. DEATH CAUSED BY		42. DEATH CAUSED BY	
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289. DEATH CAUSED BY		290. DEATH CAUSED BY		291. DEATH CAUSED BY		292. DEATH CAUSED BY		293. DEATH CAUSED BY		294. DEATH CAUSED BY	
295. DEATH CAUSED BY		296. DEATH CAUSED BY		297. DEATH CAUSED BY		298. DEATH CAUSED BY		299. DEATH CAUSED BY		300. DEATH CAUSED BY	

STATE OF OREGON
County of Klamath

This 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 Marion Johnson Deputy RegistrarDate Oct 13 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 21st day of DECEMBER A.D., 19 77 at 3:37 o'clock P.M., and duly recorded in Vol. M77 of DEEDS on Page 24637.

FEE \$ 3.00

WM. D. MILNE, County Clerk

By Bernard Schuch Deputy