						C.
				- mooney-s	Vol. 78	_Page_ 3299_ _
	13481		Vital Slaystics	speler 22 All	8 48	7
	_ 5	6 J	CERTIFICATE	OF DEATH	Cint	te File Number DEATH (month, day, year)
	Local Fil	e Rumber First	Middle	Last	urou la Feb	ruary 13, 1978
ANENT ACK		JAIES	VILLIA TAGE-Last	Under 1 year	Under 1 day DATE OF	BIRTH (month, day, year)
K DB	RACE White, Black, Ametc.(specify)	1. 3(a)	birthday (years)		TOU NAME	rch 25, 1891 IF HOSP, CR INST, Indicate CCA. OP/Emer., Rm., Inpatient (Specify)
ICTIONS EE	COUNTY OF DEATH	CITY, TO	WN OR LOCATION OF DEATH	UI not in either, giv	amian Intercom	I Throtient
рвоок	7a Klamath STATE OF BIRTH (II n	ot in U.S.A., CITIZEN	OF WHAT COUNTRY MARRIED WIDOWE	D. DIVORCED (Specify)	Spoose (ir mainteer to	[Specify Yes or his] Yes
च्छात्रस्त	name country)	9	USA 10	arried working most of working, life,	KIND OF BUSINESS OF	H INDUSTRI
DEATH URRED IN DTUTION. ANDBOOK	SOCIAL SECURITY NU	iwoeu lu	a Lumberman - r	etired	14b Saw Mil	TID OR COT Unside City Limits
GARDING PLETION OF ENCE ITEMS.	RESIDENCE—STATE	COUNT	. Vlamat	h Falls 15d 2	126 Darrow	(specify yes or no) 15e Yes and relationship to deceased
حط	15a Oregon FATHER-NAME	15b Klan	MOTHER-Maiden Name	IIISI IIIIGGIB 1001	18 Jennie Ve	ernon (Wife)
	Dempsey	- Vernon	17 Mary - Ray or CREMATORY-NAME	17.119OM	LOCATION CITY	or town state
1	BURIAL, CREMATION REMOVAL, MAUS. (S	neci(v)	a standin Morror	rial Gardens		Falls, Oregon
(Pan(0))	FUNERAL SERVICE LICE	NISEE Or person Acting As	Such NAME AND ADDITION	nath Funeral	Home Inc., Klama	th Falls, Oregon 9700.
<u> </u>	200	Lmy knowledge death	correct at the time, date and p	lace and DATE SI	SNED (Mo., Day, Yr.)	th Falls, Oregon 9760. HOUR OF DEATH 21c 2:15 P.M
2	21a ISignatu	use(s) stated, \		11 De 1210 /	00 1 (
3 (1) (1) (1)	NAME AND A 210 NAME OF A 210 N	arle M. LeVer	PROTECTION OF THE PROPERTY OF THE THAN CERTIFIER (T	Campus Drive	, Klamath Falls	of of officer Niger
	NAME OF A	TTENDING PHYSICIAN	F OTHER THAN CERTIFIER [T	ypa or rum; —		
	\ ⊢	Y REGISTRAR [Mo., Da	Y. Y. REGISTRAR		Column	
NDITIONS IF ANY	22a PQ8	3 1978	22b [Signature]	ISE PER LINE FOR (a),	b], AND [c].]	Interval between onset and deal
ICH GAVE NSE TO MEDIATE	23 IMMEDIATE	Curdin	Resp.	failure		Interval between onset and deal
TING THE	DUE TO, OF	AS A CONSEQUENCE	of:			Interval between onset and dea
USE LAST	(b) DUE TO: Of	R AS A CONSEQUENCE	OF: AIN	Autia	Anewyon	12 hec
164: (0)	(c)	Pry	onditions contributing to death bu	t not related to cause giver	in PART I (a) AUTOPSY (SP	ecity Yes WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER 25 [Specify Yes or No.]
11:1/11:	11				NJURY OCCURRED	[20 (obsent tea of tro)
	ACCIDENT (Specify Y	es or No) DATE OF INJURY	[Mo. Day, Yr] HOUR OF INJURY	M 26d	STREET OR R.F.D. NO.	CITY OR TOWN STATE
5 6	26a INJURY AT WORK	PLACE OF INJUR office building.	Y-At home, farm, street, factory,	LOCATION	STHEET ON H.P.D. NO.	
	[Specify Yes or No] 260	26f		269		
	RESERVED FOR	REGISTRAR'S USE	·			
	STATE	OF OREGON			•	
	Count	v of Klamath	es that the fored	oing is a co	rrect and compl	ete transcript of ment of Health.
	÷	a record of	death on this mi			
			MAR	JORIE S. COME	R, Registrar Vi	tal Statistics
		(SEAL)		·		oputy Registrar
	• • • • • • • • • • • • • • • • • • • •		By Z Dat		R 1 5 1970	
			VOLD	IF ALTERED		I DEPARTMENT
مه 3	N N	OT VALID WITH	OUT RAISED SEAL	OF THE KLAMAT	H COUNTY HEALT	1 DELUITORO
3	American de la companya del companya del companya de la companya d	OF OBEGON!	COUNTY OF KLAM	ATH; ss.		v
	STATE				d filed for record	on the <u>22nd</u> day of ded in Vol. <u>M78</u> ,
	I hereby	certify that the	within instrument	oʻclock Al	M., and duly recor	ded in Vol N78 ,
	_ februa	ry A.D., 19-	78_at	3299		
	of	eds	on Page	WM.	D. MILNE, Count	y Clerk
†	r	EE \$3.00		By_	Semetha &	Lelo ch Deputy
	r	L L				