

I, Mildred Montgomery, County Recorder in and for said County, do hereby certify the annexed to be a true, full and correct transcript of the record of an instrument, as the same is recorded in my office in book 27 of

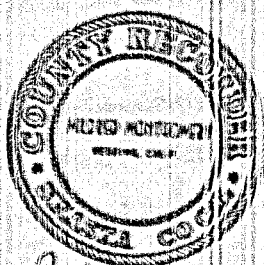
DEATH RECORDS

page 59

IN TESTIMONY WHEREOF, I have hereunto set my hand and set my Official Seal

this 9 day of August, A.D. 1978

Mildred Montgomery, Recorder
By _____, Deputy Recorder



Return

Wingma Real Estate
P.O. Box 376
City

CERTIFICATE OF DEATH

4500 728 PAGE 59

DECEASED PERSON'S DATA		LOCAL VITALIZATION DISTRICT AND CERTIFICATE NUMBER	
1. NAME OF DECEASED EMER	2. LAST NAME BRIGGS	2A. DATE OF DEATH—month day year December 18, 1974	2B. HOUR 5:35 P.
3. SEX Female	4. COLOR Caucasian	5. DATE OF BIRTH June 17, 1907	6. AGE last birthday 67
7. NAME AND BIRTHPLACE Re Collins, Missouri	8. BIRTHPLACE Missouri	9. BIRTHPLACE AND DATE OF BIRTH Emma Blake, Missouri	10. NAME AND BIRTHPLACE OF MOTHER Emma Blake, Missouri
11. COUNTRY OF BIRTH USA	12. SOCIAL SECURITY NUMBER 510-42-8613	13. NAME OF SURVIVING SPOUSE IF DECEASED WAS MARRIED Widowed	14. NAME OF SURVIVING SPOUSE IF DECEASED WAS MARRIED Widowed
15. LAST OCCUPATION Housewife	16. NAME OF EMPLOYER OR FIRM Widowed	17. KIND OF INDUSTRY OR BUSINESS Widowed	18. KIND OF INDUSTRY OR BUSINESS Widowed
19. PLACE OF DEATH Bedding	20. STREET ADDRESS—street and number or location 2490 Court Street	21. CITY Shasta	22. COUNTY Shasta
23. RESIDENCE P.O. Box 586	24. CITY OR TOWN Chiloquin	25. STATE Oregon	26. NAME AND MAILING ADDRESS OF INFORMANT Patrick Briggs 5209 Elm Lane Bedding, California 96001
27. PHYSICIAN'S OR CORONER'S CERTIFICATION Normal	28. DATE OF DEATH Dec 18, 1974	29. TIME OF DEATH 5:35 P.	30. SIGNATURE OF PHYSICIAN OR CORONER James K. White
31. CAUSE OF DEATH Heart Disease	32. DATE OF DEATH Dec 18, 1974	33. TIME OF DEATH 5:35 P.	34. SIGNATURE OF PHYSICIAN OR CORONER James K. White
35. PLACE OF DEATH Bedding	36. STREET ADDRESS 2490 Court Street	37. CITY Shasta	38. COUNTY Shasta
39. STATE Oregon	40. NAME AND MAILING ADDRESS OF INFORMANT Patrick Briggs 5209 Elm Lane Bedding, California 96001	41. DATE OF DEATH Dec 18, 1974	42. TIME OF DEATH 5:35 P.
43. SIGNATURE OF PHYSICIAN OR CORONER James K. White	44. SIGNATURE OF PHYSICIAN OR CORONER James K. White	45. SIGNATURE OF PHYSICIAN OR CORONER James K. White	46. SIGNATURE OF PHYSICIAN OR CORONER James K. White

STATE OF OREGON, COUNTY OF KLAMATH, ss.

I hereby certify that the within instrument was received and filed for record on the 15th day of September, A.D. 1978, at 9:16 o'clock A.M., and duly recorded in Vol. 78 of Deeds on Page 20413.

FEE \$3.00

WAL. D. MILNE, County Clerk
By Barbara J. Welch Deputy