

Date Filed: _____
 DATE OF DEATH (month, day, year)
 September 16, 1978
 DATE OF BIRTH (month, day, year)
 June 15, 1907
 Co. Nursing Home
 7d Inpatient
 SPOUSE OR MARRIED, WIDOWED, DIVORCED, SEPARATED
 Maxine Ray
 WAS DECEDENT EVER IN U.S. ARMED FORCES?
 (Specify Yes or No)
 12 Yes
 KIND OF BUSINESS OR INDUSTRY
 1a Agriculture
 STREET AND NUMBER OR R.F.D. NO. 7624
 Star Route, Box 28
 Inside City Limits (specify yes or no)
 15a No
 DECEASED'S NAME and relationship to deceased
 Maxine Ray - Wife
 LOCATION city or town state
 Gardens - Klamath Falls, Oregon
 Main - Klamath Falls, Ore. 97601
 DATE SIGNED (Mo., Day, Yr.)
 Sept 18 '78
 HOUR OF DEATH
 21c 6:10 P M
 Campus Drive - Klamath Falls, Oregon

Marian Johnson
 Interval between onset and death
Terminal
 Interval between onset and death
5 Mon's
 Interval between onset and death
 AUTOPSY (Specify Yes or No)
 No
 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER?
 25 (Specify Yes or No) No

STREET OR R.F.D. NO. CITY OR TOWN STATE
 Maxine Ray
 P.O. Box 854
 Chiloquin, Or 97624
 VS-3 Rev. 1-78 P-66413

a correct and complete transcript of a
 County Department of Health Services.
 Registrar Vital Statistics
Marian Johnson Deputy Registrar
 DEPT. OF HEALTH SERVICES

Filed for record on the 20th day of
 _____, and duly recorded in Vol. 478

J. MILNE, County Clerk
Contha Adetch Deputy