57028

CERTIFIED COPY OF DEATH RECORD

CAL REGISTRAR'S				E RECEIVE	to book 1	Last		t en toe	
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(Type or print all entries in black ink)	Beulah		3. USUAL RE	SIDENCE II	f Institution, E	B. COUR	helate adm NTY K	lamath	
PLACE OF DEATH A. COUNTY Klama	th			Orego					
B. CITY, TOWN, (If outside corporation of the corpo	rate C. LE	NGTH OF TAY IN 2B	UR_A-	HON	. Klama.t	n carr	<u> </u>		
OR LOCATION Klamath	Falls 18	R Yrsl	D. STREE	T ADDRESS	RURAL RO	DUTE, ETC			1 <u>1.613</u> 1.5
D. NAME OF HOSPITAL OF OR INSTITUTION Pres.	Intercom	Hospital			sisbee 5	7 MARIT	AL STAT	US Widowed	
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DEATH January 2		female_		BUSINESS.	6.1	11. NAM	AE OF SI	ouse Smith	5841-
8. SOCIAL SECURITY NO. 9	USUAL OCCUP (Kind of work done housewife		hom	Dain	OLOF	Willia	T UNDER	24 HOURS	iules
Month	Day Year	13. AGE LAST	r BIRTHDAY	Months	Days	Hou	ra.	<u> </u>	
12. BATE OF BIRTH Tune	1, 1914	52 52	ASED A CITIZ	EN OF	16. IF DI	ECEASED V		ETERAN.	
14. BIRTHPLACE (State or Foreig		15. WAS DECE. 15. U.S. Foreign Countr	ry		1		110		
Springfield, Miss	ouri,	40 MAIDEN N	AME OF MOTH	IER	TOVCE	Bentle	v. da	ugnee	r
17. NAME OF FATHER OSCAT SADD		Estella (Grace Ho.	Lines	130755	Y jest al	Interval	ra, days, ho	
OSCAL SAPP	ER ONLY ONE CAUSE	PER LINE IN (A). (Fibrilla	tion			30	min.	
20. CAUSE OF DEATH (ENT PART I: DEATH WAS CAUSED IMMEDIATE CA	use (A): Ven	CETCULAL							
Conditions If any,) DUE TO		S. H. D.					†		
which gave rise to) above cause (s). stating the under) DUE To lying cause last)	A 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						<u> </u>	Was Was	an Autopsy
lying cause last) DUE		lato Vest		21	pregrancy, in	the past 12 n		22. peri	rmed?
PART II: Other Significant contributing to Death but not the terminal disease or cond	related to	ck & Diab	etes	<u> </u>		No [Unknown	unty	State
in Part I (a))	24. IF ACCIDEN	T. DID INJUSY 25	SA. PLACE OF IN	orest, etc.)	258.				
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