Description of the National Control of Nationa		68248		REGON - HEALTH DVISION	Vol. 79	Page <b>1278 j</b>	
Roy Mel vin Porter  Feedbary 3, 1973  Act words, hope, America below.  Milk words, hope, and hope, h			CERTIFICATI	E OF DEATH	••		
MACK Stoop, Notes, American forms, March 1998 and 1998 an		_ '''*			DATE OF DEATH	(inonth, day, year)	
CASSE  CASSE  CASSE  CANADA  CASSE  C		eic. (specity)	SEX AGE-Last	Under 1 year Under	2. Februar	y 3, 1973	
A Malthona h Po Fortland	ECEASED		14 mare 15 62		December	er 8. 1910	
United States   Superior Content   Superior Content			7b. Portland	(specify yes or no)	in not in either, give street	and number)	
The second secon	ere deceased ed. If death	8 Norton, Kansas	9. United States	WIDOWED, DIVORCED (specify)	NAME OF SPOUSE		
STATE OF OREGON:    County   C	ion, give idence before	[	most of working life, even if ret	of week dame days	OF BUSINESS OR INDUST	RY	
CAUSE   Fart   Porce   100   Maint	<b>└</b> →	RESIDENCE-STATE COU	NTY CITY, TOWN, OR	LOCATION Inside City Limits	STREET AND NUMBER OF	R.F.D.	
PART I DIAM WAS CAMED BY  Understand Scarce  PART I DIAM WAS CAMED BY  Understand Scarce			Klamath 14c Klamath	i Falls   14d yes	14c 1411 Pleases	nt Street	
CAUSE    Pullmonary hemorrhage and edema   Pullmonary hemorrhage and eleman   Pullmonary hemorrhage and elem				0.05-11			
CAUSE    Confidence if the pass of care in the intermediate county of the pass of care in the intermediate county of the pass of care in the intermediate county of the pass o		PART   DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)) approximate interval between onset and death					
CAUSE    Additional place rate for the property of the propert		(a) Pulmonary hemorrhage and edema					
TART II. CHIES INSHRIFTING CONDITIONS, conditions contributing to death but not related to cause given in Rest 1 (a. Autops)	CAUSE	which gave rise to (b) ASSOCIATED With chronic obstructive pulmonary emphysema, severe.					
ACCIONATION OF MALTHONALISTS  TO STATE OF OREGON;  COUNTY OF MULTHONALISTS  THE STATE OF OREGON;  THE STATE OF OREGON;	<b></b>	lying cause last ( ;					
The control of the		PART II. OTHER SIGNIFICANT CONDITION	NS: conditions contributing to death b	ut not related to cause given in Pe	(yes or no) in	YES were findings considered a determining cause of death	
NAUNY AT WOOK   FIRST OF ROBERT OF SECURITY OF NUMBER   ACCOUNTY OF NUMBER   ACCOUNTY OF NUMBER   ACCOUNTY OF KLAMATH; ss.		(specify yes or no) (month, day, year)	HOUR	HOW INJURY OCCURRED (enter n.	l 15 Ves	ves	
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BETHER  WE Consider the control of the original record which was the elegation as the elegation as the elegation as the elegation of the original record which was the elegation and the country of the control of the original record which was filled with the Multinomah Country of STATE OF ORLGON: COUNTY OF KLAMATH; SS.  1 hereby certify that the within instrument was received and filled for record on the4th day of		20e. No 20f.	20 ე.				
ERTIFIER    1973	we)	attended the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	on: month day year view	v the body (hour)	date, and to the	
April   Apri		PHYSICIAN—SIGNATURE	NAME (type	February 3, '73	d1d 8:5	5 p.M. cause(s) stated.	
2. Veterans Administration Hospital, Sam Jackson Park, Portland, Oregon 9727  BURIAL CEMERATION, REMOVAL CEMERATOR CREMATORY—NAME AND JOERS CHYPTON SIME DATE IND. 527, Year)  BURIAL CEMERATION, REMOVAL CEMERATORY—NAME AND ADDRESS (CHYPTON OF SAME DATE IND. 527, Year)  BURIAL CEMERATION, REMOVAL CEMERATORY—NAME AND ADDRESS (CHYPTON OF SAME SAME, RD)  PARK RECEIVED BY LOCAL REGISTRAR (CHYPTON OF NAME, RD)  PARK RECEIVED BY LOCAL REGISTRAR (DATE RECISTRAR) COREGON 97321  BESERVED FOR REGISTRARS SUSE  1 Item #5a corrected per supplemental 2/9/73  BURIAL May Control of MULTIONACH)  THIS is to eguily that the foregoing is a reproduction of the original record which was filed with the Multinomah County  STATE OF OREGON: COUNTY OF KLAMATH; ss.  1 hereby certify that the within instrument was received and filed for record on the 4th day of June A.D., 19 79 at 10:23 o'clock A.M., and duly recorded in Vol 170 of Deeds on Page 12731  WALL DI MILNE, County Clerk  WALL DI MILNE, County Clerk		22a. > 1. Mes	22b. C.	L. CHESTER, M. D.	220 1		
ALL DIVIDED SURFACE SU		23 Veterans Administrat	ion Hospital, Sam J	ackson Park, Portla	and. Oregon 9	72 <b>0</b> 7	
## PUNEAR HOME NAME AND ADDRESS (ATTEC, City or town, sum. city)  ## PUNEAR HOME NAME AND ADDRESS (ATTEC, CITY OF TOWN, SUM. city)  ## PUNEAR HOME NAME AND ADDRESS (ATTEC, CITY OF TOWN, SUM. city)  ## PUNEAR HOME NAME AND ADDRESS (ATTEC, CITY OF TOWN, SUM. city)  ## PUNEAR HOME NAME AND ADDRESS (ATTEC, CITY OF TOWN, SUM. city)  ## PUNEAR HOME NAME AND ADDRESS (ATTEC, CITY OF TOWN, SUM. city)  ## PUNEAR HOME NAME AND ADDRESS (ATTEC, CITY OF TOWN, SUM. city)  ## PUNEAR HOME NAME AND ADDRESS (ATTEC, CITY OF TOWN, SUM. city)  ## PUNEAR HOME NAME AND ADDRESS (ATTEC, CITY OF TOWN, SUM. city)  ## PUNEAR HOME NAME AND ADDRESS (ATTEC, CITY OF TOWN, SUM. city)  ## PUNEAR HOME NAME AND ADDRESS (ATTEC, CITY OF TOWN, SUM. city)  ## PUNEAR HOME NAME AND ADDRESS (ATTEC, CITY OF TOWN, SUM. city)  ## PUNEAR HOME NAME AND ADDRESS (ATTECTIVE OF TOWN, SUM. city)  ## PUNEAR HOME NAME AND ADDRESS (ATTECTIVE OF TOWN, SUM. city)  ## PUNEAR HOME NAME AND ADDRESS (ATTECTIVE OF TOWN, SUM. city)  ## PUNEAR HOME NAME AND ADDRESS (ATTECTIVE OF TOWN, SUM. city)  ## PUNEAR HOME NAME AND ADDRESS (ATTECTIVE OF TOWN, SUM. city)  ## PUNEAR HOME NAME AND ADDRESS (ATTECTIVE OF TOWN, SUM. city)  ## PUNEAR HOME NAME AND ADDRESS (ATTECTIVE OF TOWN, SUM. city)  ## PUNEAR HOME NAME AND ADDRESS (ATTECTIVE OF TOWN, SUM. city)  ## PUNEAR HOME NAME AND ADDRESS (ATTECTIVE OF TOWN, SUM. city)  ## PUNEAR HOME NAME AND ADDRESS (ATTECTIVE OF TOWN, SUM. city)  ## PUNEAR HOME NAME AND ADDRESS (ATTECTIVE OF TOWN, SUM. city)  ## PUNEAR HOME NAME AND ADDRESS (ATTECTIVE OF TOWN, SUM. city)  ## PUNEAR HOME NAME AND ADDRESS (ATTECTIVE OF TOWN, SUM. city)  ## PUNEAR HOME NAME AND ADDRESS (ATTECTIVE OF TOWN, SUM. city)  ## PUNEAR HOME NAME AND ADDRESS (ATTECTIVE OF TOWN, SUM. city)  ## PUNEAR HOME NAME AND ADDRESS (ATTECTIVE OF TOWN, SUM. city)  ## PUNEAR HOME NAME AND ADDRESS (ATTECTIVE OF TOWN, STATE RECITION ADDRESS (ATTECTIVE OF TOWN, STATE RECITY OF TOWN, STA	<del></del>	MAUS. (specify)	CITAL OR CREMATORI-MAME	LOCATION city or town	state		
Date RECEIVED BY IOCAL REGISTRAR  26b. FEB 9 1973.  1 tem #5a corrected per supplemental 2/9/73  2ct. Lattu May Porta  Cut. Lattu May Porta  County of Multinomah):  This is to carify that the foregoing is a reproduction of the original record which way filed with the Multnomah County  Division of Public Heafily:  STATE OF OREGON; COUNTY OF KLAMATH; ss.  1 hereby certify that the within instrument was received and filed for record on the 4th day of June A.D., 19 79 at 10:23 o'clock A.M., and duly recorded in Vol. 170 of Deeds on Page 12781  WM. D. Mil. N.F., County, Clerk  WM. D. Mil. N.F., County, Clerk  WM. D. Mil. N.F., County, Clerk		FUNERAL DIRECTOR SIGNATURE	FUNERAL HOME-NA	ME AND ADDRESS (street, city	or town, state, zip)		
RESERVED FOR REGISTRARYS USE  128. Item #5a corrected per supplemental 2/9/73  Col. Lattu May Contact College of the College of the Original record which was filed with the Multnomah County  THIS is to capitly that the foregoing is a reproduction of the original record which was filed with the Multnomah County  Division of Public Health  STATE OF OREGON: COUNTY OF KLAMATH: ss.  I hereby certify that the within instrument was received and filed for record on the 4th day of June A.D., 19 79 at 10:23 o'clock A.M., and duly recorded in Vol. 170 of Deeds on Page 12731  WM. D. MILNE. County Clerk  FEE 33.00  WM. D. MILNE. County Clerk	h	REGISTRAR SIGNATURE	2// n	PAL HOME, 805 S. E. DATE RECEIVED BY LOCAL REG	llsworth,Alban	y, Oregon 97321  BY STATE REGISTRAR	
COUNTY OF MULTIONAH):  This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County  Division of Public Heafth  STATE OF OREGON: COUNTY OF KLAMATH; ss.  1 hereby certify that the within instrument was received and filed for record on the 4th day of June A.D., 19 79 at 10:23 o'clock A.M., and duly recorded in Vol. 170  of Deeds on Page 12731  WM. D. MILNE, County Clerk		RESERVED FOR REGISTRAR'S USE		26b. FEB 9 1973	27.		
STATE OF OREGON:  Date		- Les Item #5a corrected per supplemental 2/9/73					
STATE OF OREGON).  Date	<i>A</i> 2 1.			<del>U</del>	1		
STATE OF OREGON)  Date	Clut: - Z						
STATE OF OREGON)  Date		1411-02	to	<u></u>	····	· · · · · · · · · · · · · · · · · · ·	
COUNTY OF MULTROMAH)  This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County  Division of Public Health  By Deputy Registrar of Vital Statistics  By Deputy Registrar of Vital Statistics  STATE OF OREGON: COUNTY OF KLAMATH; ss.  I hereby certify that the within instrument was received and filed for record on the4th_day of	c in		<u>.                                    </u>	i i	*•	•	
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STATE OF OREGON: COUNTY OF KLAMATH; ss.  1 hereby certify that the within instrument was received and filed for record on the4th_day of	Division of I	Public Healthy that the foreg	oing is a reproduction of the o	riginal record which was filed	d with the Multnoma	h County :	
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STATE OF OREGON: COUNTY OF KLAMATH; ss.  I hereby certify that the within instrument was received and filed for record on the4th_day of	She zou	identy,		By Mudrule	Lecchen	<u> </u>	
1 hereby certify that the within instrument was received and filed for record on the 4th day of June A.D., 19 79 at 10:23 o'clock A M., and duly recorded in Vol 179 of Deeds on Page 12781.  WM. D. MILNE, County Clerk			UNTY OF KLAMATH: ss		at Statistics .		
of Deeds on Page 12781							
of Deeds on Page 12781		June A.D. 19 79					
FEE \$3.00 WM. D) MILNE, County Clerk	c	. D = = 1		w., and duly re	corded in Vol	1/9	
			on roge	WM. D. MILNE, Cou	ηty/Clerk		
		FEE			] / / ]	Deputy	