	73491	H/	EALTH DIVISION DEF Vital	PARTMENT OF HI	UMAN RESOURC	ES /	m		
PE RINT	Local File			第一個的 化异合甲基		₩ol.	'/ <u>19</u> Pag	e 2118	5 7
/NENT	DECEASED-NAME	First	Mida		Last		State File N	Number H (month, day, yea	
K IR STIONS	RACE White, Black, Amerietc.(specify) 3 White	erican Indian, SEX			Under 1 year	Under 1 day	DATE OF BIRTH	19, 1979 (month, day, year)	
E BOOK	3 White COUNTY OF DEATH	4 Male	S 5a WN OR LOCATION OF	SE DEATH	mos days 5b HOSPITAL OR OTHE	hours min.	6 Decem	mber 1, 188	84
	7a Klamath STATE OF BIRTH (If not in	7b K1	Lamath Falls	g.	Ti not in either, give	ER INSTITUTION—NAM street and number) Medical Ce	ME	OP Emer , Rm.	IST. Indicate DOA,
DENT-	8 North Carol	in U.S.A., CITIZEN O	OF WHAT COUNTRY	MARRIED, NEVER A	MARRIED CED (specify)	SPOUSE (IF MA	ARRIED, WIDOWEL	I MUSICO FORCES	C EVER NUS
91015 111094 11100K	SOCIAL SECURITY NUMBI	BER USUAL	AL OCCUPATION Igive wiret o	of work done during m	most of working, life, eve	II Fear)	l Clark SINESS OR INDUST	12 No	Not
DING TION OF EITEMS	13 544 - 14 -	2212 - A 14a COUNTY	minister	- retired	d	14b F	Friends Ch	mrch	
	15a Oregon FATHER—NAME first	15b Klamat	h 15c Bon	nanza	ser No	number or numbers -	R R.F.D., ZIP9762	123 Inside City L	imits or nu)
ţ	16 William - (middle last	MOTHER-Maiden	n Name first	middle last	INFORMANT-	-NAME and relation	onship to deceased	30
	REMOVAL, MAUS, (Specify	CEMETERY OR	R CREMATORY NAI				rl Clark (X
)IIION	FUNERAL SERVICE LICETURE Signature	196 Lost	R1 ven Ceme	tery		19g Bona	anza, Orego	on 97623	V
<u> </u>	20a	ASTRONO TO	Ward's KJ	lamath Fw	y neral Home				
=	due to the cause(s)	kmowledge, death occurr stated	red at the time, date	and place and	DATE SIGNE	D [Mo., Day, Yr.	I HO	S, Ore 9/0	01
1700	NAME AND ADDRE	ESS OF CENTIFIER TYP	ps or Print	Д и.р.	216 7/2	20/79	210	8:45 P.	
	21d Calv	rin L. Hunt, 1 DING PHYSICIAN IF OTH	M.D., 1900	Main Stre	et, Klama	th Falls,	Oregon '	97601	
(R [Type or Print]				71002	
i jami.	DATE RECEIVED BY REGIS	STRAR [Mo., Day, Yr.]							
GAVE CIND	22a JUL 2 3 23 IMMEDIATE CAUSE		22b [Signati	ture) > 97	auan	(chi	.ua.l		
e-SE	PART (a) DUE TO, ON AS A C		LENTER ONLY ONE	CAUSE PER LINE	E FOR (a), (b), Af	ND [c].		Interval between ons	set and death
VING EAST	DUE TO, OH AS A C	CONSEQUENCE OF:	Mure wo	th Uke	V1025754	atic Ker	ADISCO.	Interval between onse	
	DUE TO, OR AS A	CONSEQUENCE OF:							
EQF.	(c)							Interval between onse	et and death
242	PART OTHER SIGNIFICANT CO	ONDITIONS—Conditions	s contributing to death	but not related to	cause given in PAF	ATT (a) AUTOPS		CASE REFERRED TO	WEDICAL.
	ACCIDENT (Specify Yes or No) D	DATE OF INJURY (Mo. Day.	VACCIAL AV	Accident	RIBE HOW INJURY O	[0/ No]	NO EXAM	MINER OF CORONER Specify Yes or No.	Yes
š	26a 2 INJURY AT WORK P	26b	260	M 26d		CCURRED			
ζ.	[Specify Yes or No] 0	PLACE OF INJURY—At hom office building, etc.[Specify 26]	ne, farm, street, factory,	LOCAT	/ION	STREET OR R.F.D	NO. CITY OR TOV	OVN STATE	
ſ	RESERVED FOR REGISTRAF			26g					
L									
								· · · · · · · · · · · · · · · · · · ·	
								V5•∠ nu∍-,	1-78 P-65412
		en de la companya de La companya de la co							
	STATE OF								1
	Thisc	f Klamath Gertifies tha	the force	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	recor	d of death or	at the lose n file with	going is the Klan	a correct	and comp	olete tran	script of	a
						cy bepartm	ment of Hea	alth Servi	ces.
	/(si	EAL)	MAR	IAN ACKER	MAN, Regi	strar Vit	tal Statist	tics	
			Ву	Dr.	· Canti				
			Date	e	1. Journ	2 4 1979	√Deputy Re	∍gistrar	
	**************************************	Company of the game of the		F ALTERED					
ST	NOT VALID TATE OF OREGON	D WITHOUT RAIN; COUNTY OF	SED SEAL OF	F THE KLAI	MATH CO. I	DEPT. OF	HEALTH SEF	RVICES	
: I t	hereby certify that September A.D., 1	the within inst	trument was i	received an	id filed for	record on	the <u>5th</u>	_day of	
of.	A.D.,				VI., and dui	A Lecolara	in Vol_mr	/3	
.			n Page <u>2119</u>		D, MILNE,	County C	in the second se		
1	FEE \$3.50	<u> </u>			7 1	1 //			
O.h				БУХ	Marity as	711/11/11	ال ــــــــــــــــــــــــــــــــــــ	Deputy	
				•					1.0