					LTH DIVISION DE Vita	al Statistics Section			'.a	e=.	ンシ	
YPE PRINT			433	7				Voi.	79	Page	~0(34%
IN VANENT	DEC	EASED-NAME	l File Number	First	Mid	CATE OF		_	Sta	te Eile M		_
ACK NK	1 1			JULIA	H		Last		DATE OF	DEATH (mo	onth, day, y	ear)
OR UCTIONS	0.0.12	E White, Black, specify)		1	AGE-L	ast	HOGAN Under 1 year	Under 1 day	2 No	Vembor	20 47	770
SEE DBOOK	COU	VITY OF DEATH	ite	4 Femal		(years) 69	mos. days	hours min	DAIE UF	RINTH (mor	ilh, day, yea	r)
3000K	7a	K1a	amath	_ 1 _	OR LOCATION O	F DEATH	HOSPITAL OR OTHER IN		6	March	14, 19	10
EDENT	STAT	E OF BIRTH (II	not in U.S.A.	76 KJ	amath Fal	MARRIED, NEVER M	7c Klamath	county N	uraina	z Vana	OP/Emer For	MST inscar 1. Proatent!
EATH HED IN	7 8	New	York	lo II	S A	THE STREET	ED (Specify)	OUSE (IF MAF	RRIED, WIL	OOMED)	VAS DECEDE	Atier
NOBOOK HDBOOK HDRAG		AL SECURITY N		USUAL OCC	CUPATION (give kind o	work done during me	red 11	Edward	J. Ho	gan	Specify Yes o	w hol N
Town or Entrace	RESID	122 - 12 ENCE-STATE		14a DUNTY			1.		**	_		
-	15a	0re	gon 15b			N. OR LOCATION		NUMBER OR F	Homem	aking		
	(R-NAME I	irst middle	last M		math Fall	S 115d	7 N. 8±1	2 5+20		Inside City (specify ye: 15e	S Or nol
	/ AIIDIA	Anthony L. CREMATION		.sk1 ,,	Laura .	Samulales	110010 1451	NFORMANT-	NAME and	relationship	In decease	M
300 m	REMO	VAL, MAUS. (sp Cremation	ocity)	EMETERY OR CR	EMATORY-NAN	AE .	!	8 Frank	Zembr	zuski -	- Brot	her
SITION	FUNERA	L SERVICE LICEN	SEE Or pelson	9b Eternal	Hills Mer	norial Ga:	. 1	OCATION	city or to	wn state		
	7-00 8	-duman						oc Klama	th Fa	11s, Or	egon	
	CIAN C			, death occurred a	t the time, date a	Lamath Fr	DATE SIGNED IA	/ 1945	Main /	/ Klama	th Fol	9'
	5 ×	due to the cause 21a Signature CERTIFIER — N	D Ev	6.7	muce	- 1100 010	DATE SIGNED IA	lo., Day, Yr.]		HOUR OF	DEATH	110, (
FIER	d SV	ou Evere	TAME AND II	Tanana (Type o	or print)		216 Decemb	er 3, 19	79	21c 3	:30	D M
	To be Comple CERTIFYING PH Only	NAME OF ATTE	NDING PHYS	ICIAN IF OTHER	D. / 2622	Campus I	MAILING ADDRESS Orive / Klar	nath Fal	ja ∨⊷ nantowu	, state, zip)	0000	
`	\	21e			HAN CERTIFIER	[Type or Print]			10, 01	eRou	97601	
INS	DATE R	ECEIVED BY RE	GISTRAR [M	o., Day, Yr.]	REGISTRAR							
WE	22a	Dec. 3,			22b (Signatur	el b 600	(X				
	PART	MMEDIATE CAU		(ENT	ER ONLY ONE C	AUSE PER LINE	FOR [a], [b], AND [c	Ckly.	<u>~a~</u>			
ME VG ST	(a)	UE TO, OR AS	EREBROV	ADIDIDAR M	CCIDENT		· ··· tol. tol. AND [c	1-1		Interval	between ons	et and dea
-	(6)	A	RTERTOS	CT.FROSTS							Hours	
0F	(0	UE TO, OR AS	A CONSEQUE	NCE OF:							Deliment Onsi	et and dea
915					-					Ye	are	
	(c)										ears	et and deat
·	PART OTH	ER SIGNIFICANT	CONDITIONS	-Conditions contri	buting to death bu	it not related to cau	use given in PART I (a)	AUTOPSY IS	onedu vas Ti	Intervat	between onse	
	PART OTH	ER SIGNIFICANT	CONDITIONS	-Conditions contri			use given in PART I (a)	or Not N	n 1°	Interval WAS CASE RE EXAMINER	FERRED TO	MEDICAL
	PART OTHE II Di ACCIDENT	ER SIGNIFICANT abetes, ISpecity Yes or No.	Duodena Date of Inju	-Conditions contri 1] ulcers URY [Mo, Day, Yr]	HOUR OF INJURY	DESCRIBI	use given in PART I (a)	or Not N	n 1°	Intervat	FERRED TO	
_	PART OTHE II Di ACCIDENT 26a INJURY AT ISpecify Yes	ER SIGNIFICANT abetes, Specify Yes or No.	Duoden a Date of Injuice Date	-Conditions contri	HOUR OF INJURY		E HOW INJURY OCCUR	24 N	0]2	Interval WAS CASE RE EXAMINER 15 Specify Ye	FERRED TO	MEDICAL
	PART OTHI II Di ACCIDENT 26a INJURY AT 15pectly Yes 26e	abetes, Specify Yes or No. NO. WORK or No.	Duoden a Date of Inju 26b PLACE OF Inju 26f	-Conditions contri 1] ulcers URY [Mo, Day, Yr]	HOUR OF INJURY	DESCRIBI	E HOW INJURY OCCUR	or Not N	n 1°	Interval WAS CASE HE EXAMINER 15 Specify Ye	FERRED TO	MEDICAL
	PART OTHI II Di ACCIDENT 26a INJURY AT 15pectly Yes 26e	ER SIGNIFICANT abetes, Specify Yes or No.	Duoden a Date of Inju 26b PLACE OF Inju 26f	-Conditions contri	HOUR OF INJURY	M 26d LOCATION	E HOW INJURY OCCUR	24 N	0]2	Interval WAS CASE HE EXAMINER 15 Specify Ye	FERRED TO	MEDICAL
	PART OTHI II Di ACCIDENT 26a INJURY AT 15 DECITY YES 26e RESERVED	ER SIGNIFICANT Abetes, ISpecify Yes or No NO WORK OF NO	CONDITIONS: DUODEN A DATE OF INJU 26b PLACE OF IN, office building 28f AR'S USE	— Conditions contrib I U I Cers URY [Mo, Dey, Yr] URY—A1 home, farm J. etc [Specify]	HOUR OF INJURY	M 26d LOCATION	E HOW INJURY OCCUR	24 N	0]2	Interval WAS CASE HE EXAMINER 15 Specify Ye	FERRED TO	MEDICAL
	PART OTHI II Di ACCIDENT 26a INJURY AT 15 DECITY YES 26e RESERVED	abetes, Specify Yes or No. NO. WORK or No.	CONDITIONS: DUODEN A DATE OF INJU 26b PLACE OF IN, office building 28f AR'S USE	— Conditions contrib I U I Cers URY [Mo, Dey, Yr] URY—A1 home, farm J. etc [Specify]	HOUR OF INJURY	M 26d LOCATION	E HOW INJURY OCCUR	24 N	0]2	Interval WAS CASE HE EXAMINER 15 Specify Ye	FERRED TO	MEDICAL
TER B1	PART OTHING II DI ACCIDENT 26a INJURY AT IS PROCEED YES 26c RESERVED RECOOL A ir }	ER SIGNIFICANT abetes, ISpecify Yes or No NO WORK OF NO! D FOR REGISTR RDING R	CONDITIONS: Duodena Dote of Inju 26b PLACE OF IN, office building 261 AR'S USE	— Conditions contrib I U I Cers URY [Mo, Dey, Yr] URY—A1 home, farm J. etc [Specify]	HOUR OF INJURY	M 26d LOCATION	E HOW INJURY OCCUR	24 N	0]2	Interval WAS CASE HE EXAMINER 15 Specify Ye	FERRED TO	MEDICAL
TER B1 42	PART OTHER II DI ACCIDENT II 26a INJURY AT ISIMENLY YES 276 RESERVED RECOIL A I T 1 6 Mai	ER SIGNIFICANT abetes, ISpecify Yes or No NO WORK OF NO! D FOR REGISTR RDING R: M. Hende in St.	CONDITIONS: Duodena Doate of Inju 26b PLACE OF IN, office building 281 AR'S USE ETURN CTSON	— Conditions contrib I U I Cers URY [Mo, Dey, Yr] URY—A1 home, farm J. etc [Specify]	HOUR OF INJURY	M 26d LOCATION	E HOW INJURY OCCUR	24 N	0]2	Interval WAS CASE HE XAMINER 15 Specify Ye	FERRED TO	MEDICAL No
TER B1 42	PART OTHER II DI ACCIDENT II 26a INJURY AT ISIMENLY YES 276 RESERVED RECOIL A I T 1 6 Mai	ER SIGNIFICANT i abetes, ISpecify Yes or No NO WORK OF NO EFOR REGISTR RDING Ri II. Hende in St. 1 Falls	CONDITIONS: Duodena Date of Inju 26b PLACE OF INJ office building 28t AR'S USE ETURN CTS On , OR	-Conditions contribil ulcers UNY [Mo, Day, Yr] UNY-Al home, fam 1, etc [Specify]	HOUR OF INJURY	M 26d LOCATION	E HOW INJURY OCCUR	24 N	0]2	Interval WAS CASE HE XAMINER 15 Specify Ye	PERRED TO	MEDICAL No
TER B1 42	PART OTHER II DI ACCIDENT II 26a INJURY AT ISIMENLY YES 276 RESERVED RECOIL A I T 1 6 Mai	ER SIGNIFICANT abetes, Specify Yes or No NO WOHK OF NO EFOR REGISTR RDING R I. Hende in St. 1 Falls STATE OF	CONDITIONS: Duodena Date of Inju 26b PLACE OF INJ Office building 28f AR'S USE ETURN CTS On , OR F OREGON	—Conditions contri I ulcers URY [Mo, Day, Yr] JURY—At home, farm J. etc [Specify] TO:	HOUR OF INJURY	M 26d LOCATION	E HOW INJURY OCCUR	24 N	0]2	Interval WAS CASE HE XAMINER 15 Specify Ye	PERRED TO	MEDICAL No
TER B1 42	PART OTHER II DI ACCIDENT II 26a INJURY AT ISIMENLY YES 276 RESERVED RECOIL A I T 1 6 Mai	ER SIGNIFICANT LABORES LABORATE LABORAT	DUODEN ARS USE ETURN OR OR OR OR OR CONDITIONS CONDITIONS DUODEN ARS PLACE OF INJ Office building 281 ARS USE ETURN CTSON OR FOREGOI OF Klama	—Conditions control I ulcers URY [Mo, Day, Yr] JURY—Al home, farm the clc [Specify] TO:	HOUR OF INJURY 26c -, street, factory.	M 26d LOCATION 26g	E HOW INJURY OCCURI	24 N	O 2	Interval WAS CASE HE EXAMINER 5 Specify Ye	FERRED TO S or No! ATE	MEDICAL NO
TER B1 42	PART OTHER II DI ACCIDENT II 26a INJURY AT ISIMENLY YES 276 RESERVED RECOIL A I T 1 6 Mai	ER SIGNIFICANT LABORETS LABORITA LABORI	DUODEN ARS USE ETURN OR OR OR OR OR CONDITIONS CONDITIONS DUODEN ARS PLACE OF INJ Office building 281 ARS USE ETURN CTSON OR FOREGOI OF Klama	—Conditions control I ulcers URY [Mo, Day, Yr] JURY—Al home, farm the clc [Specify] TO:	HOUR OF INJURY 26c -, street, factory.	M 26d LOCATION 26g	E HOW INJURY OCCURI	24 N	O 2	Interval WAS CASE HE EXAMINER 5 Specify Ye	FERRED TO S or No! ATE	MEDICAL NO
TER B1 42	PART OTHER II DI ACCIDENT II 26a INJURY AT ISIMENLY YES 276 RESERVED RECOIL A I T 1 6 Mai	ER SIGNIFICANT LABORETS LABORITA LABORI	DUODEN ARS USE ETURN OR OR OR OR OR CONDITIONS CONDITIONS DUODEN ARS PLACE OF INJ Office building 281 ARS USE ETURN CTSON OR FOREGOI OF Klama	—Conditions control I ulcers URY [Mo, Day, Yr] JURY—Al home, farm the clc [Specify] TO:	HOUR OF INJURY 26c -, street, factory.	M 26d LOCATION 26g	E HOW INJURY OCCURI	24 N	O 2	Interval WAS CASE HE EXAMINER 5 Specify Ye	FERRED TO S or No! ATE	MEDICAL NO
TER B1 42	PART OTHER II DI ACCIDENT II 26a INJURY AT ISIMENLY YES 276 RESERVED RECOIL A I T 1 6 Mai	RDING REGISTR A Hender St. 1 Falls STATE OF County of	Duodena Dote of Injudena Dote of Injuden	—Conditions control I ulcers URY [Mo, Day, Yr] JURY—Al home, farm the clc [Specify] TO:	HOUR OF INJURY 26c The street, factory. The foregoing with the street of the street	DESCRIBI 26d LOCATION 26g	correct and	COMPIE	CITY OR	Interval WAS CASE HE EXAMINER S ISpecify ve	FERRED TO S or No! ATE	MEDICAL NO
TER B1 42	PART OTHER II DI ACCIDENT II 26a INJURY AT ISIMENLY YES 276 RESERVED RECOIL A I T 1 6 Mai	RDING REGISTR A Hender St. 1 Falls STATE OF County of	Duodena Dote of INJ 26b PLACE OF INJ Office building 28f AR'S USE ETURN Crson OR F OREGON of Klama Certifi	—Conditions control I ulcers URY [Mo, Day, Yr] JURY—Al home, farm the clc [Specify] TO:	HOUR OF INJURY 26c The street, factory. The foregoing with the street of the street	DESCRIBI 26d LOCATION 26g	correct and	COMPIE	CITY OR	Interval WAS CASE HE EXAMINER S ISpecify ve	FERRED TO S or No! ATE	MEDICAL NO
STER B1 42	PART OTHER II DI ACCIDENT II 26a INJURY AT ISIMENLY YES 276 RESERVED RECOIL A I T 1 6 Mai	RDING REGISTR A Hender St. 1 Falls STATE OF County of	Duodena Dote of Injudena Dote of Injuden	—Conditions control I ulcers URY [Mo, Day, Yr] JURY—Al home, farm the clc [Specify] TO:	HOUR OF INJURY 26c The street, factory. The foregoing with the street of the street	DESCRIBI 26d LOCATION 26g	E HOW INJURY OCCURI	TOMBED NO COMPLET COMP	te tra	Interval WAS CASE HE EXAMINER 15 Specify Ye I TOWN ST	FERRED TO S or No.	MEDICAL NO
TER B1 42	PART OTHER II DI ACCIDENT II 26a INJURY AT ISIMENLY YES 276 RESERVED RECOIL A I T 1 6 Mai	RDING REGISTR A Hender St. 1 Falls STATE OF County of	Duodena Dote of Injudena Dote of Injuden	—Conditions control I ulcers URY [Mo, Day, Yr] JURY—Al home, farm the clc [Specify] TO:	he foregoie with to MARIA	DESCRIBING 26d LOCATION 26g 26g	correct and the County Do	TOMBED NO COMPLET COMP	te tra	Interval WAS CASE HE EXAMINER S ISpecify ve	FERRED TO S or No.	MEDICAL NO
FTER B1 42 K1	PART OTHINI II DI ACCIDENT II 26g INJUHY AT ISIMCUTY YES PRESERVECT RECOIL AIT II 6 Main amath	ER SIGNIFICANT LABORES LABORATOR NO WORK OF NO DEFOR REGISTR RDING R LIENDE LING R STATE OF County of This recor	CONDITIONS Duodena Dotte of INJ 26b PLACE OF INJ Office building 28t AR'S USE ETURN Crson OR F OREGOI of Klama Certifi d'of de	Conditions control Uniters UNY [Mo, Day, Yr] UNY—Al home, farm tel [Specify] TO: N ath les that tel ath on fi	he foregoie with to MARIA By Date VOID IF	DESCRIBING 26d LOCATION 26g 26g	correct and the County Dec. 7 1979	d comple	te traticputy	Interval WAS CASE HE EXAMINER S ISpecify Ye FROM ST PROSCRIP REGISTI REGISTI	FERRED TO S or No. ATE T Of a Service	MEDICAL NO
STER B1 42 K1	PART OTHINI II DI ACCIDENT II 26g INJUHY AT ISIMCUTY YES PRESERVECT RECOIL AIT II 6 Main amath	ER SIGNIFICANT LABORES LABORATOR NO WORK OF NO DEFOR REGISTR RDING R LIENDE LING R STATE OF County of This recor	CONDITIONS Duodena Dotte of INJ 26b PLACE OF INJ Office building 28t AR'S USE ETURN Crson OR F OREGOI of Klama Certifi d'of de	Conditions control Uniters UNY [Mo, Day, Yr] UNY—Al home, farm tel [Specify] TO: N ath les that tel ath on fi	he foregoie with to MARIA By Date VOID IF	DESCRIBING 26d LOCATION 26g 26g	correct and the County Dec. 7 1979	d comple	te traticputy	Interval WAS CASE HE EXAMINER S ISpecify Ye FROM ST PROSCRIP REGISTI REGISTI	FERRED TO S or No. ATE T Of a Service	MEDICAL NO
STER B1 42 K1	PART OTHINI II DI ACCIDENT II 26a INJURY AT 15 SPECIFY YES RESERVED RESERVED ALE O	RDING REGISTR A Hender of No. This state of the control of the c	CONDITIONS Duodena 26b PLACE OF INJUSTICATION 26t AR'S USE ETURN erson OR FOREGOI OF Klama Certifi d'of de	Conditions control I ulcers URY [Mo, Day, Yr] JURY—AI ROME, Tarm O etc [Specify] TO: Note that the that the that on fi	he foregoie with the MARIA By Date VOID IF A	DESCRIBION 26d LOCATION 26g 26g N ACKERMAN ACKERMAN ACKERMAN THE KLAMAT SS.	correct and the County De Correct and County De	d comple epartmen	te traticolor	Interval MAS CASE HE EXAMINER 5 Specify ve BITOWN SI BITOWN	FERRED TO s or No] ATE t of a Service	MEDICAL NO
STER B1 42 K1	PART OTHINI II DI ACCIDENT II 26g INJUHY AT ISPECIAL YES RESERVECT RECOI air N 6 Ma: amath	RDING REGISTR STATE OF Country o	CONDITIONS Duodena Doate of INJ 26b PLACE OF INJ Office building 281 AR'S USE ETURN Crson OR FOREGOI of, CRTiff d'of de EAL) OWITHOUT It the with	Conditions control I ulcers URY [Mo. Day, Yr] URY—Al home, farm the close ciry] TO: Nath es that the cath on fine cath I was the cath on fine cath on fin	he foregole with the MARIA By Date VOID IF SEAL OF TAMATH;	DESCRIBION 26d LOCATION 26g 26g N ACKERMAN ACKERMAN ACKERMAN ALTERED THE KLAMAT SS.	correct and the County Dec. 7 1979	d comple epartmen	te trate of H	Interval WAS CASE HE EXAMINER 5 Specify ve FIOWN ST FIOWN ST	FERRED TO S or No.	MEDICAL NO
ETER B1 42 K1	PART OTHINI II DI ACCIDENT II 26g INJUHY AT ISPECIAL YES RESERVECT RECOI air N 6 Ma: amath	RDING REGISTR STATE OF Country o	CONDITIONS Duodena Doate of INJ 26b PLACE OF INJ Office building 281 AR'S USE ETURN Crson OR FOREGOI of, CRTiff d'of de EAL) OWITHOUT It the with	Conditions control I ulcers URY [Mo. Day, Yr] URY—Al home, farm the close ciry] TO: Nath es that the cath on fine cath I was the cath on fine cath on fin	he foregole with the MARIA By Date VOID IF SEAL OF TAMATH;	DESCRIBION 26d LOCATION 26g 26g N ACKERMAN ACKERMAN ACKERMAN ALTERED THE KLAMAT SS.	correct and the County Dec. 7 1979	d comple epartmen	te trate of H	Interval WAS CASE HE EXAMINER 5 Specify ve FIOWN ST FIOWN ST	FERRED TO S or No.	MEDICAL NO
STER B1 42 K1	PART OTHINI II DI ACCIDENT II 26g INJUHY AT ISPECIAL YES RESERVECT RECOI air N 6 Ma: amath	RDING REGISTR STATE OF Country o	CONDITIONS Duodena Doate of INJ 26b PLACE OF INJ Office building 28f AR'S USE ETURN Crson OR F OREGOI Coff Klama Coff tiff d'of de EAL) OWITHOUT The with	-Conditions control of ulcers URY [Mo. Day, Vi] URY—Al nome, farm i. etc [Specify] TO: TO: TO: TO: This instrum at 10:25	he forego le with to MARIA By Date VOID IF T SEAL OF T LAMATH; tent was re	DESCRIBION 26d LOCATION 26g 26g N ACKERMAN ACKERMAN ACKERMAN ALTERED THE KLAMAT SS.	correct and the County Dec. 7 1979	d comple epartmen	te trate of H	Interval WAS CASE HE EXAMINER 5 Specify ve FIOWN ST FIOWN ST	FERRED TO S or No.	MEDICAL NO
TTER B1 42 K1	PART OTHINI II DI ACCIDENT II 26g INJUHY AT ISPECIAL YES RESERVECT RECOI air N 6 Ma: amath	RDING REGISTR STATE OF Country o	CONDITIONS Duodena Doate of INJ 26b PLACE OF INJ Office building 28f AR'S USE ETURN Crson OR F OREGOI Coff Klama Coff tiff d'of de EAL) OWITHOUT The with	Conditions control I ulcers URY [Mo. Day, Yr] URY—Al home, farm the close ciry] TO: Nath es that the cath on fine cath I was the cath on fine cath on fin	he forego le with to MARIA By Date VOID IF T SEAL OF T LAMATH; tent was re	DESCRIBION 26d LOCATION 26g 26g N ACKERMAN ACKERMAN ACKERMAN ALTERED THE KLAMAT SS.	correct and the County De Correct and County De	d comple epartmen	te trate of H	Interval WAS CASE HE EXAMINER 5 Specify ve FIOWN ST FIOWN ST	FERRED TO S or No.	MEDICAL NO
STER B1 42 K1	PART OTHIN II DI ACCIDENT II DI ACCIDENT II 26a INJUHY AT I Specify Yes 26c RESERVECT RESERVECT AT I DE COMPANY AT I DE COMPAN	RDING REGISTR STATE OF Country o	CONDITIONS Duodena Doate of INJ 26b PLACE OF INJ Office building 28f AR'S USE ETURN Crson OR F OREGOI Coff Klama Coff tiff d'of de EAL) OWITHOUT The with	-Conditions control of ulcers URY [Mo. Day, Vi] URY—Al nome, farm i. etc [Specify] TO: TO: TO: TO: This instrum at 10:25	he forego le with to MARIA By Date VOID IF T SEAL OF T LAMATH; tent was re	DESCRIBION 26d LOCATION 26g	correct and the County Do	d comple epartmen To HEA OF HEA ord on the corded in	te trate of H Stati	Interval WAS CASE HE EXAMINER 5 Specify ve FIOWN ST FIOWN ST	FERRED TO S or No.	MEDICAL NO NO 78 P-6541
STER B1 42 K1	PART OTHIN II DI ACCIDENT II DI ACCIDENT II DI ACCIDENT II 26a INJUHY AT I SPECITY YES 200 RESERVECTO A I T I I ACCIDENT II ACCIDENTI AMBIETTO A I T I I ACCIDENTI AMBIETTO A I T I I ACCIDENTI AMBIETTO A I T I I ACCIDENTI AMBIETTO A I I ACCIDENTI AMBIETTO A I I ACCIDENTI AMBIETTO A ACCI	RDING REGISTR STATE OF Country o	CONDITIONS Duodena Doate of INJ 26b PLACE OF INJ Office building 28f AR'S USE ETURN Crson OR F OREGOI Coff Klama Coff tiff d'of de EAL) OWITHOUT The with	-Conditions control of ulcers URY [Mo. Day, Vi] URY—Al nome, farm i. etc [Specify] TO: TO: TO: TO: This instrum at 10:25	he forego le with to MARIA By Date VOID IF T SEAL OF T LAMATH; tent was re	DESCRIBING 26d LOCATION 26g	correct and the County Dec. 7 1979	d comple epartmen or Vital OF HEA ord on the ecorded in	te tratt of H Stati	Interval WAS CASE HE EXAMINER 5 Specify ve FIOWN ST FIOWN ST	FERRED TO S or No.	NO NO