YPE	78419 ₄₆	ר את		Statistics Secti		m		
PRINT	DECEASED-NAME	Number First	CERTIFIC	ATE OF	DEATH	Vol. 19	Page	29208
TANENT ACK NK	[,	loh-	Middl	0	Last		State File No	
OR JCTIONS	RACE White, Black, Ameri etc.(specify)	can Indian, SEX	B.	91	Reginato	2	December	(month, day, year) 12, 1979
EE JBOOK	GOUNTY OF DEATH	4 Ma	le birthday	years)	Under 1 year mos days	Under 1 day DA'	TE OF BIRTH	month, day, year)
JEGUR	7a Klamath		WN OR LOCATION OF	DEATH	HOSPITAL OR OTHER	5c 6 1	March 2,	1893
DENT	STATE OF BIRTH (If not in name country)	U.S.A., CITIZEN	math Falls			est Medical		IF HOSP, OR INST INC OP/Emer Rm , Inpute
t AIH - RED IN	8 Italy	9 11	S.A.	TOTAL CONTRACT	(specify)	SPOUSE (IF MARRIE	D WIDOWED	7d Inpatie
"JTION, "DOOK "DING	SOCIAL SECURITY NUMBER	R USUA	COCCUPATION Igne kind of a	O Widowe	d	ıı İda Regin	ato	WAS DECEDENT EVER ARUED FORCES? ISpecify 15 or No.
FON OF	13 542-40-8252 RESIDENCE-STATE	COUNTY 14a	Farmer	•	or working, life, even	KIND OF BUSINES	OR INDUSTR	Y NO
·	15a Orecon			OR LOCATION	STREET AN	14b Farmin	9	
	FATHER-NAME first	niddle last	MOTHER—Maiden N	th Fall				Inside City Limits
-;)	16 Victor Regin	nato	17 -			Marion	E and relations	(specify yes or no) 15e NO hip to deceased
SITION		CEMETERY OR	CREMATORY-NAME			Josephine	Jinato, : J. Reni	son daughi
-	19a Burial FUNERAL SETT GE LICENSEE OF SIGNATURE SIGNATURE 20a	19b Mt	alvary Cemet	erv	1	19c to 1	or lown st	ate
	20a // // ()	Hai	20h O'Hair's	SOF FACILITY	Ch	19c Klamath F	alls, Or	regon
"——	due to the cause(s) st	wiedge, leath occurre	200 O'Hair's	place and	DATE SIGNED [5 Pine, Kla	math Fal	lls, Ore. 97
FIER.		AUNT SELLECT	It lin	u lin	216 / 2 - /	Mo., Day, Yr.]	JUOOH C	OF DEATH
Haler	Š≚ ^o 21d Fletche	r F Conn	4.0		IMILING ADDRESS		21c 10):45 A. M
	NAME OF ATTENDING	PHYSICIAN IF OTH	BATHAN CERTIFIED	Main St	, Klamath	Falls , Or	egon 976	p) .01
5	DATE RECEIVED	Euro J	-	ype or Print	70.		3411 370	
17:ONS	DATE RECEIVED BY REGISTI	RAR [MO., Day, Yr.]	REGISTRAR	107.	<u> </u>			
HGAVE E 10	23 IMMEDIATE CAUSE		22b [Signature]	DMa.	Na	V		
USE NG THE	i (a) Cand	11 : 6	NTER ONLY ONE CAU	SE PER LINE I	OR [a]. [b]. AND [1.1		
ELAST	DUE TO. OR AS A CON	SEQUENCE OF:					Inter	val between onset and de
	DUE TO, OR AS A CON	u. der	ange				Inten	val between onset and de
SE OF	(C) -	1.11 4					/	101,
PAI	RT OTHER SIGNIFICANT COND	IIIONS—Conditions of	alibuting to day	cola	ulen-	deseas	Interv	al between onset and de-
	CIDENTIS	muille	2 - Ocean but n	of related to caus	e given in PART I (a	AUTOPSY (Specify	Yes WAS CASE	REFERRED TO MEDICAL
5 26	CCIDENT Specify Yes or No! DATE	OF INJURY [MO. Day, Y/]	HOUR OF INJURY	DESCRIBE	HOW INJURY OCCUP		EXAMINER 25 Specify	
6 IN.	JURY AT WORK PLACE	OF INJURY At home.	26c	M 26d	The state of the s	HED		
	261	or topicing	arm, street, factory,	LOCATION	STREE	TORRED. NO. CI	TY OR TOWN	STATE
RE	SERVED FOR REGISTRAR'S U	SE		26g				SIRIE
L								
								W 2 D
	<u>.</u>							VS-2 Rev-8-78 P-6541
	STATE OF OR	FCON						
	County of K	lamath						
	inic com	A * / / .	the foregoing ile with the					
	record o	f death on t	the foregoing ile with the	g is a d	Correct and	d complete	transcri	Pt of a
	110						nearth	Services
ملم	(SEAL)		MARIAN	ACKERMAN	l, Registra	or Vital Sta		
				1 (X	vitai 358	itistics	
-			Date	المجمعة	1 chine	Deput	y Regist	trar
			VOID IF AL	TERED	OFC 1 8 19	79.	,eg,;;	., .,
	NOT VALID VI	" THOUT DAYOR			_			
STAT	NOT VALID WIE OF OREGON; CO	DUNTY OF K	SEAL OF THE	E KLAMAT	H CO. DEPT	. OF HEALTH	CEDULA	_
Lhorat	L.,		LAWATH; SS.	•		. OL HEWE'L	2FKA LCE	:S
i neret	oy certify that the cember A.D., 19_7	within instrum	ent was room	od c= + c:				
De	cember A.D., 19_7	9 at 1:24	- THE THEORY	eu and fil	ed for recor	d on the 20	th day	of.
of	1)004-			<u></u> М., а	nd duly rec	Orded in Val	170	· .
		———on Pag						- .
	FEE_\$3.50		ν	VM. D, M	ILNE, Coun	ty Clost		j
			a	y Sen	-, Journ	J Jerk		į
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