E INT	DECEASES	Local File Number	्। CERT	Vital Statistics Section	HUMAN RESOURC	Es. Vol.	M80 Page	408	300
NENT S	DECEASED-	的 1000 (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995)	SI CONTRACTOR STATES	IFICATE OI	STAIL) [= := i ;		Part of the Australia	יטי
	RACE White.	MIL'/ Black, American Indian,	\N E	DWARD	Last, HOLL AND		State File Num DATE OF DEATH (m	ber	
IONS	1. C.	COMPANY OF THE	Male b	GE—Last	Under 1 year		12 - F POPI	25. 26	100
OK .	COUNTY OF [III 18 5	GE—Last irthday (years) 70		Under 1 day	DATE OF BIRTH (mo	nth, day, year)	198
	7a K1	amath	, Klamath	ON OF DEATH	HOSPITAL OR OTHER	<u> </u>	16	May 1	190
	name country)	TH (II not in U.S.A., Chington 9	TIZEN OF WHAT COU	TRY MARRIED NEVER	7c West	Medical	Center	F HOSP, OR INST, II OP/Emiler, Rm., Inpa	
	SOCIAL SECUE	RITY NUMBER	U.S.A.	WIDOWED, DIVORC	ED (specity)			w cmer.	D-
3	13 547.	- 10	it retired)	kind at work done during m	ost of working, life, even	i Mary	. Holland	ARMED FORCES?	
•	COIDENCE S	TATE COUNTY	I14a UWI	10 Mar P kind of work done during my Der – Retii	`ed	HO 1	NESS OR INDUSTRY	12	N
	15a Or ec	jon _{15b} k first middle la ert Holland	lamath 15cK	lamath En	STREET ANI	NIIMBER OF	Taun Sueef	Metal	
\	16 Robe	rt Holland	st MOTHER-M	aiden Name first	15 _{15d} 20	56 Lawr	PICE	specify yes or no	4
1	REMOVAL MAIL	TION, CEMETI	BY OR CREE	Alice Beauc		INFORMANT_N	IAME and relationship	5e	Yes
	BURIAL, CREMA REMOVAL, MAU 19a BUT 1 FUNERAL SERVICE	al 19b	RY OR CREMATORY	NAME			- TUDILIAN	d - Wife	
\mathcal{N}	18ignature)	OCENSEE Or person Acting A	Mt. Calva	Cy Lemeter	v	All Marie 12 Annual Con-	city of town state		
./.	a me bes	l of my knowledge	206 WAR	0'5 - 1945	lyaia .		th Falls,	Oregon	
_ g	21a Sign	cause(s) stated,	occurred at the time, d	ate and place and	DATE SIGNED	Tamath	falls, Ore	DON 02	601
, de	E CERTIFIER	I of my knowledge, donth cause(s) stated, atme Anothrice	(Type or or or or	Jager .	211 2 - 7	10., Day, Yr.]	HOUR OF D 21c 11; or town, state, zip)	ATH ST	ו טם
, ŭ	21d K	enneth K. II	lagee. M.D	/ P= / 05	AILING ADDRESS	(Street =	21c 111	40 P	
\°	21a	ATTENDING PHYSICIAN I	FOTHER THAN CERTI	/ Mill 409,	Medical	-Dental	or town, state, zip)	M	
- jo	ATE RECEIVED B	Y REGISTRAG						falls,	Or
[2	2a FEB		Yr.) REGISTRAI						
PAR 23	3 IMMEDIATE	CAUSE	22b (Sign	ature >	olia	Mas			j
134	(a)			CAUSE PER LINE FO	PR [a], [b], AND [c]	MUN	es		
}	(b)			医抗性结膜性的 经经济股份 化二甲二烷甲基酚	1. 经主贷 经保证额 医线切除		Interval be	ween onset and de	ath
) :		AS A CONSEQUENCE OF	لالمة كعمل	m andy	mão			<u>~~~~</u>	
	(c)	Advince	& (oronay	7			Se_	ween unset and dea	in
PART	OTHER SIGNIFICA	ANT CONDITIONS—Conditi	One contail	alread of	ي چين		Interval bety	veen onset and dea	
ACCII)ENT IC-		contributing to death	but not related to cause	given in PART ((a)	Auton			
26a	ALC: NILL SALE	NOI DATE OF INJURY [Mo. D	ay, Yr) HOUR OF INJU			[or No] At	VY YES WAS CASE REFER	RED TO MEDICAL	
INJUR	Y AT MICE.	26b	全位的基础的 化二氯甲烷 经银行股份	Lacoculat H	OW INJURY OCCURRE	D	25 [Specify Yes or	No No	
26e	ly Yes or No	office building, etc. (Spec	26c iome, farm, street, factory,	M 26d LOCATION					
RESE	RVED FOR REGIS	TRAR'S HEE		26g	STREET	OR R.F.D. NO.	CITY OR TOWN STATE		
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	STATE	OF OREGON							
	county	of <u>Klamath</u> Scertifies							ğ.
	化氯化甲基氯甲基甲基	S Certifi	计数据指数数据 电电影电影 医动物		电对应性 经控制的 医克克勒氏	Control Highware that it		-	

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.

MARIAN ACKERMAN, Registrar Vital Statistics

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the <u>3rd</u> day of P.M., and duly recorded in Vol_ Deeds on Page 4080 FEE_\$3.50