STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

Vol. 80 Page 4883

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• 1	DECEAS	ED-NAME		irst	Middle		Last	<u>-</u>	DATE OF E	File Numl	onth, day, year)
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NS	eto (apes	White		Male	hirthday (years	) 89 mur	er 1 year	hours   min			nth, day.year)
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_	near Jen		coul		CITY, TOWN, OR	1	STREET AN	D NUMBER OR	A.F.D., ZIP	97633	Inside City Limits
		-NAME firs		Clamath	15c Merril	I i	sa Sta	r Rt., Bo	x 59		(specify yes or no)
Į	l	nomas Fus		T I	OTHER-Maiden Name 7 Susan Bray	first middle	last	INFORMANT-	NAME and r	relationshi	p to deceased
	BURIAL	CREMATION	CEI		REMATORY-NAME			18 Nelli	e King		
IJ	- 19a Bri	L. MAUS. (spec	106	Malin	Community Cer	neterv		1	city or tov		te
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