

1996

Vol. 80

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5022

CERTIFICATE OF DEATH

Local File Number 90		State File Number	
DECEASED - NAME First Middle Last Mildred Georganna Dobry		DATE OF DEATH (month, day, year) 2 March 8, 1980	
RACE White, Black, American Indian, etc. (Specify) White		SEX Female	
AGE - Last birthday (years) 69		Under 1 year 5b mos. 5c days Under 1 day 5d hours 5e min.	
COUNTY OF DEATH Klamath		CITY, TOWN OR LOCATION OF DEATH Malin	
STATE OF BIRTH (if not in U.S.A., name country) Illinois		CITIZEN OF WHAT COUNTRY U.S.A.	
SOCIAL SECURITY NUMBER 542-34-7077		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
RESIDENCE - STATE Oregon		CITY, TOWN, OR LOCATION Malin	
FATHER - NAME First middle last Joseph Slemenda		MOTHER - Maiden Name first middle last Josephine Havranek	
BURIAL, CREMATION, REMOVAL, MAUS (Specify) Burial		CEMETERY OR CREMATORY - NAME Malin Community Cemetery	
NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Oregon		DATE SIGNED (Mo., Day, Yr.) March 10, 1980	
CERTIFIER - NAME AND TITLE (Type or print) Blake Berven M.D. Medical Dentl. Bld., Klamath Falls, Oregon 97601		HOUR OF DEATH 10:00 P. M.	
RECEIVED BY REGISTRAR (Mo., Day, Yr.) MAR 11 1980		REGISTRAR Shelia Nasser	
IMMEDIATE CAUSE Acute myocardial infarction		Interval between onset and death SDIN	
DUE TO OR AS A CONSEQUENCE OF: None ASCVD		Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) Recent CVR of hemorrhoids		AUTOPSY [Specify Yes or No] No	
DATE OF INJURY (Mo., Day, Yr.) March 8, 1980		WAS CASE REFERRED TO MEDICAL EXAMINER Yes	
HOUR OF INJURY 3:10		DESCRIBE HOW INJURY OCCURRED	
PLACE OF INJURY - At home, farm, street, factory, office building, etc. [Specify] At home		LOCATION Malin	
STREET OR R.F.D. NO. 1732		CITY OR TOWN Malin	
STATE Oregon		RESERVED FOR REGISTRAR'S USE	

Box 141

Malin, Or 97632

VS-2 Rev-8-78 P-65412

STATE OF OREGON
County of Klamath

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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Shelia Nasser, Deputy Registrar
Date March 11, 1980

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 17th day of March A.D., 19 80 at 3:10 o'clock P M., and duly recorded in Vol. 80 of 5022 on Page 5022.

FEE

WM. D. MILNE, County Clerk

By Shelia Nasser Deputy