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m 80_Page_ 5022-

	-	FU'		CER HPICA	416 0	DEAT	•		State Fi	le Numbe	er
,		le Number	First	Middle		Last			•		nth, day, year)
DEC	CEASED - NAME	Mild		Georgann		Dobry			2 Marc	h 8,	1980
1	CE White, Black, Am			AGE La	st	Under 1 year			DATE OF BIR		
RA6	CE White, Black, Am . (specify) Whit	encan mulan	. Fema		09	mos da 5b	5.0	- 1		ber	19, 1910 IF HOSP OR INST. Indicate D
.5	UNTY OF DEATH			OR LOCATION OF	DEATH	HOSPITAL OR O	CIVE STIFFEE	Lift office (No.)	I		OP/Emer Rm , Inpatient [Spe
co			We I	1.0		_{7c} 262	O Mai	n St.		WED!	7d WAS DECEDENT EVER IN U
ia.	Klamath	Δ 2 11 α, το	170	WHAT COUNTRY	MARRIED, NEVER	MARRIED.			RRIED, WIDO		WAS DECEDENT EVER IN U. ARMED FORCES? [Specify Yes or No] 12
ST		inois					11	Charle	s V. Dot	ory	12 NO
4	CIAL SECURITY NU		USUAL	OCCUPATION (give sind of	work done during	nest of working, to	e eve) K	IND OF BUS	INESS OR IN	JUSTRY	
	542-34-707		14a	:•			1.				Inside City Limits
13	SIDENCE-STATE	co	UNTY	CITY, TOW	N, OR LOCATI	ON STREE	ET AND I	NUMBER OF	I H.F.D., ZIP)	91032	Inside City Limits (specify yes or no)
	()regon	1 -	Klamath		Malin	15d 2	620 l	dain St			15e Yes
15.	THER-NAME T	irst middle	last	MOTHER - Maider							
r A	Joseph Sl	Lamanda		17 Joseph	ine Havr	anek	1	B Char	les V.	DODTY	Sr., Husban
\ <u>}</u>	URIAL CREMATION	i. (CEMETERY OR	CREMATORY-NA	ME		ì				
P:	EMOVAL, MAUS, (S)	pecity)	. Mali	n Communit	v Cemete	ry	11	9c <u>Y</u>	Malin,	Ure	egon
19	Burial	NSES Or person	At ng As Such	THE AND ADDE	DESS OF FACIL	LITY			***	L P-1	lla Oragon
			14/6.	Jans () Hall	s rumera	T CHaber	L, 51	5 Pine,	Klamat	n ra.	lls , Oregon OF DEATH
>	Tarting best of	my knowledg	je, death occur	ned at the time, date	e and place and	· IDAIE :	וטייבטו	mo., Day,			
<u>'</u> ۾	B do to the time sale	sets) materi;	1.01/	XIANI -		21b A	larcl	10,	1980	121C	10:00 P. M
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Ġ.	26 a. R1a			Me	dical De	entl. Blo	d., K	lamath	rails,	oreg	on 97601
ٽ 3	NAME OF AT	TENDING PH	YSICIAN IF O'	THER THAN CERTIF	IER (Typ) or P	rint)					
ة ا	E									 -	
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			11.	FC 172	MOCOL.	3/10/		INTAL	20100	v_{\perp}	Interval between onset and
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_	ART ATHER SITUATER	CANT CONDIT	iONSConditi	ons contributing to de	eath but not related	ed to cause give	n in PAR	TI(a) AUI or N	OPSY [Specify Y	EXAM	CASE HEFERHED TO MEDITALISMENT CASE HEFERHED TO MEDITALISM
	ART JIHEH SIGHEN				T 6 6				No	25 IS	Specify Yes or No! Yes
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	ACCIDENT (Specify Yes	260		26c		26d			ED NO. CI	TY OR TO	WN STATE
	.'ċa	26b	OF INJURY—A	26c home, farm, street, fac		26d LOCATION		STREET OR R	FD NO. CI	TY OR TO	WN STATE
	JULY AT MORK NEW YEAR OF AND	26b PLACE office		26c home, farm, street, fac				STREET OR R	FD NO. CI	TY OR TO	WN STATE
	Cod States of ACRK Specify Ses or Not 26e	26b PLACE office 26f	OF INJURY—AI building, etc [St	26c home, farm, street, fac		LOCATION		STREET OR R	FD NO. CI	TY OR TO	WN STATE
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