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DECEASED-NAME		irst	Middle						Sta	ate File	Number		- 1
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23 IMMEDIATE CAUS	SE /	(EN	ER ONLY ONE CAUS		INE FOR UN	IN AND	<del>//</del> (	<u>un</u>	w	<u></u>	<i></i>		
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RT OTHER SIGNIFICANT	CONDITIONS—	Conditions cont	ributing to death but no	related t	o cause giver	in PART	I (a) AU	TOPSY IS	Decily Van	TWAS	CASE REFERI		
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GU JURY AT WORK	266		26c	M 26d									
Decily Yes or No)	PLACE OF INJUI	RY — A: home, fai etc (Specify)	m, street, factory.		ATION	Sī	REET OR A	ED NO	CITY	OR 701			
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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.

Zelma Javorosski 2244 Oregon K. Fulio, Ol 1214 (SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

, Deputy Registrar

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 28th day of \_\_A.D., 1980 at 10:11 o'clock A M., and duly recorded in Vol M80 Deeds \_\_\_\_on Page 7800

FEE \$3.50

WM. D. MILNE, County Clerk
By Demother Society