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	Local	24 File Number	C	Vital Statistics ERTIFICATE	OF DEATH	ື່ Vol. ຊ	Pag\$034
	DECEASED-NAME	F	irst L MA	Middle	Last	<u> Programme de la companya de la com</u>	State File Number TE OF DEATH (month, day,
	RACE White, Black, A etc.(specify) Whi		SEX	MATILDA AGE-Last	RYSER	2	July 2
	COUNTY OF DEATH	te	4 Female	birthday (years) 5	Under 1 year mos. days	Under 1 day DAT	TE OF BIRTH (month, day, ye
	⁷ a Klar	math i	75 Klama	LOCATION OF DEATH		R INSTITUTION-HAME	March 13,
	STATE OF BIRTH (II r name country) 8 NOTU SOCIAL SECURITY NU	not in U.S.A.,	CITIZEN OF WHA	T COUNTRY MARRIED, N	7c Kl. [Nursing 	
	SOCIAL SECURITY NU	MBER	9 U.S.A	· 10 Wi	doneq	SPOUSE (IF MARRIE	U, WIDOWED) WAS DECED
1	13 544 / 20 RESIDENCE-STATE		if retired)	Homemaker	ring most of working, life, ev	KIND OF BUSINESS	S OR INDUSTRY
	5a Oregon	COUN		CITY, TOWN, OR LOC	ATION STREET A		omemaking D. ZIP 9760 Inside City t no other Ispective
Ē	ATHER-NAME II	rst middle	Klamath	15cKlamath	Falls 31		
يار		an Halv	OLSBU!	Matos Su	teal Gibblitti Jo	INFORMANT-NAM	E and relationship to message
15	9a BUTIA	ecify)	ETERY OR CREM	ATORY-NAME		LOCATION cit	Ryser - Son
Į.S	UNERAL SERVICE INCENS	SEE Or payson Actir	MAMI	h Memorial	CILITY	19c Klamati	ralls, Orec
-						lamath Fal	
2	due to the cause 21a [Signature]	(s) states,	ALL OCCUPED AND	WARDS - 194 le time, date and place all rint)	DATE SIGNED	umy., Day, Yr.	HOUR OF DEATH
C	E 210 BVPOO	AME AND TITLE	(Type or p	ini) junsky	MAILING ADDRES	S (Street alty a	21c 5:45
CERTIFY	NAME OF ATTEN	I Sagu	JOSKY, M	.D. / 401 M	edical-Den	tal Bldo /	r town, state, zip). Klamath Fal
5				AN CEHTIFIER [Type or F	rint)		TEGINACII PAL
2	ATE RECEIVED BY RE	GISTRAR [Mo., 3 1979		EGISTRAR	7-		
3	IMMEDIATE CAUS		IENTEO	2b [Signature]	Javan!	Doller.	
1	(a) Uren	sia		ONLY ONE CAUSE PER	LINE FOR [a], [b], AM	[c].]	Interval between on
	DUE TO, OR AS A	CONSEQUENC	E OF:				Month
	DUE TO, OR AS A	CONSEQUENCE	ilure EDF:	(chronic))		Interval between on:
	(c)						Interval butwerin ons
٢	OHER SIGNIFICANT	CONDITIONS—Co	onditions contribut	ing to death but not related	to cause given in PART	(a) AUTOPSY [Specify	
21	DENT (Specify Yes or No)	DATE OF INJURY				or No	EXAMINER
ì	NO.	26b	1		SCRIBE HOW INJURY OCC	URRED	25 [Specify Yes or No]
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