	3 (163 –)438- 3 /88 474 Llocal Fila Nu	19-2 HEALTH DIVISION DE T	PARTMENT OF HUMAN tel Stetistics Section ICATE OF DEATH	الا ۱۵۰ آرامها الا	
2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	DECEASED NAME JESSE RACE WHITE SEACH, AMERICAN INDIA 1. White	IVÂN SEX AGE	RIFFEY	NOVEMB	그리는 이 마이트 보다는 그들에 하실 그 사람들
	COUNTY OF DEATH Klamath STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITY, TOWN OR LOCATIO	MARRIED NEVER MARRIED	se June 2 OR OTHER INSTITUTION OT NEITHER, GUE STREET & NO Medical Center SPOUSE (IF MARRIED, WIDOWED)	J. 1908 IF MOSP. ON INST. IN- JDICATE DOA. OP/EMER. RM-LIMPATIENT (SPECIFY) 70 INDATIENT WAS DECEDENT EVER IN
THE LOUIS CONTRACT CO	FILLINOIS SOCIAL SECURITY NUMBER 1,537-20-0172 RESIDENCE-STATE	U.S.A. USUAL OCCUPATION MOST OF WORKING LIPE, S LAA. Appariarist	Married (GIVE KIND OF WORK DONE DUR (VEN IF REYINED)	J. Jeannie Riffey	(SPECKEY VES OR NO) 12 NO USTRY
→	ISDregon FATHER-NAME FIRST MIDD	ısa Klamath 🖟 Klam	M. OR LOCATION STREET math Falls 150 654 EN NAME FIRST MIDDLE LAS - Brown	3 Climax Street INFORMANT—NAME AND Jeannie Riffey	
(ion	BURIAL, CREMATION, REMOVAL, MAUS, (SPECIFY)	Eternal Hills Men	-NAME Haven of Rest, morial Gardens	LOCATION CITY OF TOW	oregon 97601
ier	R. OT A MONTH	LEAMINER. INTO THE DEATH OF THE DECEASED CEDENT WAS PRONOUNCED D HOUR	PERSON DESCRIBED ABOVE, AN EAD FROM:	ID IN MY OPINION DEATH RESULT CAUSES ACCIDE OMICIDE UNDETERMIN	ED ON OR ABOUT:
CAL	MEDICAL EXAMINER POR: 21F DAYE RECEIVED BY REGISTRAR	Klamath coun	DATE SIGNED (MONT	Nicholson, MD	DEGREE OR TITLE
ONS AVE	January 8, 198 Table To, OR AS A CONSECT SUB TO, OR AS A CONSECT Color T	ENTER ONLY ONE C. LINE SELECTION OF C. LINES OF 1. LINES OF 1.	ald Maria Sandara Characha	Johnsonhy	INTERVAL PETWEEN ONSET AND BEATT INTERVAL PETWEEN ONSET AND BEATT
	Autors (a) Autors (a) Yes Yes Yes November 19,1979 238 3:11PM 25C Pedestrian hit by automobile NJ. ATWORK STREET, ACTORY OFFICE BLOOKET. PLACE OF INJURY AT HOME. FARM. STREET OF INJURY OF TOWN, COUNTY, STATE) SECURITY OF THE STREET OF THE STREET OF TOWN, COUNTY, STATE) PRESERVED FOR REGISTRAR'S USE				
ORIGINAL-VITAL STATISTICS COPY STATE(OF OREGON County of Klamath This certifies that the foregoing is a correct and complete transcript of a pecord of death son file with the Klamath County Department of Health Services.					
	Return to Llean	ITHOUT RAISED SEAL O	Climax Ave., Kl		
Korum Sc. Jeannie Riffey, 6543 Climax Ave., Klamath Falls, OR 97601. STATE OF OREGON; COUNTY OF KLAMATH, ss. I hereby certify that the within instrument was received and filed for record on the 21st day of July A.D., 19 80 at 3:25 o'clock P M., and duly recorded in Vol M80					
	of <u>Deeds</u> FEE \$3.50	on Page <u>1354</u>	<u>5</u>	IE, County Glerk	_ Denuty