Local File Number DECEASED—NAME	First Season 1	FICATE O	Last	SE SE		DATE OF	DEATH (m	iber ionth, day, year)
RACE White, Black, American India etc. (specify) 3 White COUNTY OF DEATH	LVIN	LYMAN	7 P	MO L.DT		2 Jam		, 1980
RACE White, Black, American India etc. (specify)	in, SEX AG	IE—Last	Under 1	year 🕮 🥕	Under 1 day	DATE OF	BIRTH (mo	onth, day, year)
3 White COUNTY OF DEATH	4 Male 5a	69	5b	days 5	hours min.	6 July		
(464 1844 184일 1870년 1870년 - 1870년 1871년 1	COLL TOWN ON LOCATIO	JN UF DEATH	HOSPITAL OF	A OTHER II	MAN-MOITUTITE	F		IF HOSP, OR INST, Indica OP/Emer, Rm., Inpatient
STATE OF BIRTH (If not in II.S.A.	CITIZEN OF WHAT COUNTY	alls		(09 B	isbee		\$ 1.00	7d Home
73 Klamath STATE OF BIRTH (II not in U.S.A., name country) 8 Wisconsin SOCIAL SECURITY NUMBER 13 399 - 07 - 2766	TICA	WIDOWED, DIVO	RCED (specify)	S	POUSE (IF MA	RRIED, WIL	DOWED)	WAS DECEDENT EVER IS
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (give	kind of work done during	most of working	lute even	nuby W	oldt		Specify Years Not 12 125
13 399 - 07 - 2766 RESIDENCE-STATE CO	14a Enginee	r - Retiner			D	INESS OR I	NDUSTRY	
RESIDENCE—STATE CO	UNTY CITY,	TOWN, OR LOCATI	ION STRI	EET AND	NUMBER OR	ngton	NOTEN	ern Rail Ros
							relationsh	15e NO
BURIAL CREMATION. REMOVAL MAUS (specify) 19a Burial 19b Eternal Hills Memorial Gardens 18b Eternal Hills Memorial Gardens				4 4	. 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10			
REMOVAL, MAUS. (specify)	EMETERY OR CREMATORY-	-NAME		1.5	LOCATION	city or to	own sta	ate
19a Burlal	b Milernal Hille	. 110						
FUNEDAL SERVICE LICENSES	SU DUCTIME INTER	Memorial G	ardens		19c Klama	th Fal	ls. O	regon - 97601
FUNERAL SERVICE LICENSEE OF DETSER	Acting AS Sech NAME AND A	DDRESS OF FACIL	ardens		_{19c} Klama	th Fal	ls, 0	regon 97601
	mard's	Lamath Fun	eral Ho	me In	nc., Kla	math F	alls.	Oregon 976
	mard's	Lamath Fun	eral Ho	me In	nc., Kla	math F	alls.	Oregon 976
	mard's	Lamath Fun	eral Ho	me In	nc., Kla	math F	alls.	Oregon 976
To the Deer of my knowledge offer to the cause(s) stated ta [Signature] CERTIFIER - NAME AND T	death occurred at the time. HILE (Type or print)	Alamath Fundate and M.D.	DATES MAILING A	ome II	Mo., Kla Mo., Day, Yr.] - 80 (Street,	math F	HOUR C	Oregon 976
To the Deer of my knowledge of the Cause(s) stated to the Cause(s) s	death occurred at the time. (Type or print) Magee. M.D. Mec	Alamath Fundate and place and M.D.	DATES AMAILING A Ruild	ome II	Mo., Kla Mo., Day, Yr.] - 80 (Street,	math F	HOUR C	Oregon 976
To the Deer of my knowledge of the foliate cause(s) stated the Cause(s) stated the foliate cause cau	death occurred at the time. (Type or print) Magee. M.D. Mec	Alamath Fundate and place and M.D.	DATES AMAILING A Ruild	ome II	Mo., Kla Mo., Day, Yr.] - 80 (Street,	math F	HOUR C	Oregon 976
To the Deer of my knowledge oue to the cause(s) stated the state of the cause(s) stated the cause(s) stated the cause of the ca	death occurred at the time. (Type or print) Magee, M.D., Mec SICIAN IF OTHER THAN CER	Alamath Fundate and place and M.D. M.D. M.D. Mical Denta	DATE S AMAILING A Build	ome In SIGNED /- 4 NDDRESS Ling,	nc., Kla Mo., Day, Yr.] - 80 (Street, Klamath	math F	HOUR C	Oregon 976
To the Door of my knowledge of the following the fall of the fall	death occurred at the time. (Type or print) Magee, M.D., Mec SICIAN IF OTHER THAN CER	Alamath Fundate and place and M.D. M.D. M.D. Mical Denta	DATE S AMAILING A Build	ome In SIGNED /- 4 NDDRESS Ling,	nc., Kla Mo., Day, Yr.] - 80 (Street, Klamath	math F	HOUR C	Oregon 976
To the Day of my knowledge oue to the cause(s) stated of the Cause(s) stated of the Centifier - NAME AND TO THE NAME OF ATTENDING PHYSICAL OUT OF THE PROPERTY	death occurred at the time. (Type or print) Magee, M.D., Mec SICIAN IF OTHER THAN CER	Alamath Fundate and place and M.D. M.D. M.D. Mical Denta	DATE S AMAILING A Build	ome In SIGNED /- 4 ADDRESS Ling,	nc., Kla Mo., Day, Yr.] - 80 (Street, Klamath	math F	HOUR C	Oregon 976
To the Day of my introvided of the lot the Cause(s) stated of the Cause(s) of the Cause	death occurred at the time. Jean occurred at the time.	Alamath Fundate and date and place a	DATE S AMAILING A Build	ome In SIGNED /- 4 ADDRESS Ling,	nc., Kla Mo., Day, Yr.] - 80 (Street, Klamath	math F	alls, HOUR C	Oregon 976
To the Day of my knowledge one to the cause(s) stated of the cause(s) of the	death occurred at the time. Jean occurred at the time.	Alamath Fundate and date and place a	DATE S AMAILING A Build	ome In SIGNED /- 4 ADDRESS Ling,	nc., Kla Mo., Day, Yr.] - 80 (Street, Klamath	math F	alls, HOUR C	Oregon 976 OF DEATH 11:00 A. M (p) gon 97601
To the Deer of my knowledge oue to the cause(s) stated the cause(s) the cause the caus	death occurred at the time, which is the time. If the (Type or print) Maggee, M.D., Medical Structure of the time.	Alamath Fundate and date and place and lical Denta ITIFIER (Type or Printer ARR Ignature)	Paral Ho DATES 21b MAILING A 1 Build 10 10 10 10 10 10 10 10 10 10 10 10 10	ome In SIGNED /- 4 ADDRESS Ling,	nc., Kla Mo., Day, Yr.] - 80 (Street, Klamath	math F	alls, HOUR C 21c n. state. zi , Oreg	Ore gon 976 OF DEATH 11:00 A. M OF DEATH 11:00 A. M OF DEATH
To the Deer of my knowledge oue to the cause(s) stated the cause(s) the cause the caus	death occurred at the time, which is the time. If the (Type or print) Maggee, M.D., Medical Structure of the time.	Alamath Fundate and date and place and lical Denta ITIFIER (Type or Printer ARR Ignature)	Paral Ho DATES 21b MAILING A 1 Build 10 10 10 10 10 10 10 10 10 10 10 10 10	ome In SIGNED /- 4 ADDRESS Ling,	nc., Kla Mo., Day, Yr.] - 80 (Street, Klamath	math F	alls, HOUR C 21c n. state. zi , Oreg	Ore gon 976 OF DEATH 11:00 A. M OF DEATH 11:00 A. M OF DEATH
To the Day of my intowledge of the tause(s) stated of the tause of tau	death occurred at the time, which is the time. If the (Type or print) Maggee, M.D., Medical Structure of the time.	Alamath Fundate and date and place and lical Denta ITIFIER (Type or Printer ARR Ignature)	Paral Ho DATES 21b MAILING A 1 Build 10 10 10 10 10 10 10 10 10 10 10 10 10	ome In SIGNED /- 4 ADDRESS Ling,	nc., Kla Mo., Day, Yr.] - 80 (Street, Klamath	math F	alls, HOUR C 21c n. state, zi , Oreg	Ore gon 976 OF DEATH 11:00 A. M OF DEATH 11:00 A. M OF DEATH
To the Day of my introvided of the lother days of the Cause (s) stated of the Cause (s) stated of the lother days of the Certifier - NAME AND TO THE NAME OF ATTENDING PHYS OF THE NAME OF	death occurred at the time. Jean occurred at the time. Jean occurred at the time. Jean of the time.	Alamath Fundate and date and place a	MAILING A Build A REFORES, [8], [ome Insigned /- 4 ADDRESS ing,	nc., Kla Mo. Day, Yr.] - 80 (Street, Klamath	math F	alls, HOUR C 21c n. state. zi , Oreg	Ore gon 976 OF DEATH 11:00 A. M OF DEATH 11:00 A. M OF DEATH 11:00 A. M OF DEATH III. OF DEATH IIII. OF DEATH III. OF DEATH III. OF DEATH III. OF DEATH III. O
to the Deer of my knowledge oue to the cause(s) stated of the cause of the	death occurred at the time. Jean occurred at the time. Jean occurred at the time. Jean of the time.	Alamath Fundate and date and place a	MAILING A Build A REFORES, [8], [ome Insigned /- 4 ADDRESS ing,	nc., Kla Mo. Day, Yr.] - 80 (Street, Klamath	math F	alls, HOUR C 21c n. state. zi , Oreg	Ore gon 976 OF DEATH 11:00 A. M OF DEATH 11:00 A. M OF DEATH The second of the second of the second or second

VS-2 Rev-8-78 P-65412

STATE OF OREGON County of Klamath

300 PLACE OF INJURY—At home, farm, street, factory, office building, etc.[Specify]
261

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.

LOCATION

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

Deputy Registrar

STREET OR R.F.D. NO.

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT OF HEALTH SERVICES NUI VALLE BY THOO STATE OF COUNTY OF KLAMATH: ss. I hereby certify that the within instrument was received and filed for record on the 10thday of November A.D., 1980at 1:38 o'clock $^{
m P}$ M., and duly recorded in Vol_<u>M80</u>_of Deeds on page 21779

Fee \$ 3.50

INJURY AT WORK

RESERVED FOR REGISTRAR'S USE

WM.,D. MILNE, County, Clerk By Bernette & Keloch deputy