٠.	100	16.26				COL	200	N. 2.	100	200	. 5 5		5 D N		12 (4.7)		74	78.00	V	
Ξ.	No.	1.27.37	200	AIL		OF THE	2. 1. 1.	9-23-21	Lear.	4.5	2.4				30 (19)	2 0 5.	- 1		100	2.70
1	1,000	100		9000	100	10.5			inc	100	1.1	77					× 0	A . 161.	21.5	24.1
	3.2		34 E-C	TAT				I UI	810		111	100	11.63		100	22/12		17.77 ·		122
1	ואר	اداء	SI ON S NEN	21677	100		7.44	ir also	62.9	200		4.7	100	100		200	4.3	16.	1	111
,			2.31.00	1.45000	C. T. Yar	100		DEC	201	IPC	75.5	100		20 P	200	1		3. 16.6	4.50	
2	2.	-	DE AL		H	364	W	nc.	\mathbf{x}	,,,,	-	A 150 W.		12 S. 2.	2.5	and the		15000		
-	PA	HII	VICIN	33.33	4.0	100	1.5		1.0	100	6 0 1	35.3		2 7	1000	100		100		

	-50	1		100	1		10	25.1	64	1			^	^		c	TA	т		м		ıĽ	11	3 6	L/I	٧.	١.	~	1.00	30
ŗ.	0.7							17.	×,)н	Œ	u	v	E			٠.	10.5	43.43	1734	3.5	114	11.	10-17					
					1	7				23		17.5		1			TA F (- 1	11.1	1	A	M	R	Ε.		1.1	ж	عاد	.0
			27			45			-	C 1	30	ľΠ	т	м		N	2.1	"		ļŲ,	141	•	4.3			100		1.0	7-	
	37	100	1	100	4	. 1 .			u	E ,		м.			20		L			201		de	-	100	44	16.71	100	10	3.0	100
				-		1			10			· 0	3.				i	D)	٠.	•	**	İΦ	۹.	វព	ш	5. 7		. 4.	300	- 4
		94		╗				, 24	11				4	12	v	184	14%	È,	O١	,,,,						1		100	1	17.

医节门				IENT OF HUM Vital Record	is Unit			S.L. mboz
	C 2/7	iber	CER	TIFICATE	OF DEAT		DATE OF DEATH June 1,	(month, day, year)
/ 6	ECEASED NAME	First NE	Middle HOWE	999 (1997) 13 <u>(19</u>	MLIN Under 1 year	Under 1 day	DATE OF BIFITH	(month, day, year)
s	RACE White, Black American Indiaretc. (specify)	n, SEX	(years)	70	mos days	5c min	6 August	28, 1910
	White	4 Femal	L OR OTHER INST	Blassan TOO HC	OP/Emer.	im, inpatient lacons	Klamath	1
	7a Klamath Falls STATE OF BIRTH (If not in U.S.A.	CITIZEN OF W	HAT COUNTRY	MARRIED, NEVER WIDOWED, DIVOR	CONCURS 1	Harmand	C. Tomlin	NO NO
	New York SOCIAL SECURITY NUMBER	9 U.S.A	L OCCUPATION (ive kind of work done	during most	HO	memaking	
*	. 577-03-4414	COUNTY	lousewire	OWN OR LOCATION		T AND NUMBER C	nax Ave	15e 190
OF MS	RESIDENCE—STATE Oregon	156 Klamat	h 15c K	lamath Fal	LS 15d			niship to deceased nlin, husband
>	FATHER-NAME first	middle last Howe	17 Ada	M. Th	nompson	LOCATIO	N city or town	omagan 97601
	BURIAL CREMATION, REMOVAL MAUS (specify)		CREMATORY-N	CMOMOTOTIV		19c Kl	amath Fall Chapel of	s, Oregon 97601 the Good Shephero , Oregon 97601
011	193 Cremation FUNERAL SERVICE LICENSEE [Signatural 203 Commission of the commission	Or Person Acting As S	L NAME AN	DADDRESS OF FAC 1,20 South	Sixth St	reet, Kla	math Falls	Oregon 97601
	B 0 21a [Signature]	OF OFFICIENT TVOC	OF PURIL					/b() · ·
ER TIONS NY GAVE	Mode to the cause(s) start due to the cause(s) start due to the cause(s) start and another start another start and another start another start and another start another start and another start and another start and another start	TRAR [Mo. Day. 11]	REGIS	TRAR	Landia	ath Falls Liane	Oregon 9°	Interval between onset and o
IONS NY GAVE TO DIATE	21d MATE Soname OF ATTENDING 21e DATE RECEIVED BY REGIST 22a JUN 23 IMMEDIATE CAUSE	TRAR [Mo. Day. 11]	REGIS		Landia			Interval between onset and
IONS NY GAVE TO DIATE ISE IG THE	21d MATE So. 8 NAME OF ATTENDING 21e DATE RECEIVED BY REGIST 22a JUN	1981 VC	REGIS	TRAR	Landia			Interval between onset and Interval between onset and
GAVE TO DIATE SE G THE RLYING E LAST	DATE RECEIVED BY REGIST 22a JUN 23 IMMEDIATE CAUSE PART (a) DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS	3 1981	REGIS 22b I: ENTER ONLY ONE	Signature 1 TO TO THE FOR	dunding 9(a), (D), AND (June	<u></u>	Interval between onset and interval between onset and 2 y Interval between onset and Interval between Interval Be
IONS WY GAVE TO HATE SE GTHE LLYING LAST	DATE RECEIVED BY REGIST 22a JUN 23 IMMEDIATE CAUSE PART (a) DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS	3 1981	REGIS 22b I: ENTER ONLY ONE	Signature 1 TO TO THE FOR	flanding 9[a], [o] AND [i Logn Mary John	Juane Partia A	uropsy (Specify Yas	Interval between onset and Interval between onset and Interval between onset and Interval between onset and
IONS	21d MATE So. RAME OF ATTENDING 21e DATE RECEIVED BY REGIST 22a JUN 23 IMMEDIATE CAUSE PART 1 DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) PART OTHER SIGNIFICAN	SEQUENCE OF: T CONDITIONS — CONDI	REGIS 22b L ENTER ONLY ONE L L L L L L L L L L L L L L L L L L L	Signature 1 TO TO THE FORM THE	Plandia Plan, IDI AND I	IN TART I (a) A C C C C C C C C C C C C C C C C C C	UTOPSY (Specify Yas (NO) NO (CUARED	Interval between onset and Interval between onse
IONS WY GAVE TO HATE SE GTHE LLYING LAST	21d MATE So. 8	TEAR [MA. DUY. Yr.] 3 1981 SEQUENCE OF: NO. T CONDITIONS—CONT. VOI. DATE OF INJURY. 266	REGIS 22b [ENTER ONLY ONE LITTLE ONLY ONE LITTLE ONLY ONE (Mo. Day, 1/1] LAST borne, larm, st	Signature 1 CAUSE PER LINE FOR	flanding 9[a], [o] AND [i Logn Mary John	IN TART I (a) A C C C C C C C C C C C C C C C C C C	uropsy (Specify Yas	Interval between onset and of Interval between onset and Interval between Inter
IONS IY GAVE TO HATE SE G THE LYING LAST	21d MATK 5. REAL NAME OF ATTENDING 210 DATE RECEIVED BY REGIST 22a JUN 23 IMMEDIATE CAUSE PART (a) 1 DUE TO, OR AS A CONS (c) DUE TO, OR AS A CONS IN OTHER SIGNIFICAN III ACCIDENT [Specify Yes or Ab] 256	TEAR [MA. DUY. Yr.] 3 1981 FEQUENCE OF: UT T CONDITIONS—COME TO ATE OF INJURY Office building, etc. 261	REGIS 22b [ENTER ONLY ONE LITTLE ONLY ONE LITTLE ONLY ONE (Mo. Day, 1/1] LAST borne, larm, st	Signature 1 CAUSE PER LINE FOR	Peri 101 AND 1	IN TART I (a) A C C C C C C C C C C C C C C C C C C	UTOPSY (Specify Yas (NO) NO (CUARED	Interval between onset and a Interval between onset and Interval between on
IONS IY GAVE TO HATE SE G THE LYING LAST	210 MAT'S 50 NAME OF ATTENDING 210 DATE RECEIVED BY REGIST 220 JUN 23 IMMEDIATE CAUSE PART (a) DUE TO, OR AS A CONS (c) PART OTHER SIGNIFICAN (II) ACCIDENT (Specify Yes or A 25a NO NAMED AT WORK	TEAR [MA. DUY. Yr.] 3 1981 FEQUENCE OF: UT T CONDITIONS—COME TO ATE OF INJURY Office building, etc. 261	REGIS 22b [ENTER ONLY ONE LITTLE ONLY ONE LITTLE ONLY ONE (Mo. Day, 1/1] LAST borne, larm, st	Signature 1 CAUSE PER LINE FOR	PLAND IN AND IN	IN TART I (a) A C C C C C C C C C C C C C C C C C C	UTOPSY (Specify Yas (NO) NO (CUARED	Interval between onset and Interval between onse
IONS WY GAVE TO HATE SE GTHE LLYING LAST	21d MATK 5. REAL NAME OF ATTENDING 210 DATE RECEIVED BY REGIST 22a JUN 23 IMMEDIATE CAUSE PART (a) 1 DUE TO, OR AS A CONS (c) DUE TO, OR AS A CONS IN OTHER SIGNIFICAN III ACCIDENT [Specify Yes or Ab] 256	TEAR [MA. DUY. Yr.] 3 1981 FEQUENCE OF: UT T CONDITIONS—COME TO ATE OF INJURY Office building, etc. 261	REGIS 22b [ENTER ONLY ONE LITTLE ONLY ONE LITTLE ONLY ONE (Mo. Day, 1/1] LAST borne, larm, st	Signature 1 CAUSE PER LINE FOR	PLAND IN AND IN	IN TART I (a) A C C C C C C C C C C C C C C C C C C	UTOPSY (Specify Yas (NO) NO (CUARED	Interval between onset and Interval between onse

O. (SEAL)

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. STATE OF OREGON County of Klamath

Date JUN

VOID IF ALTERED

NOT-VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

I hereby certify that the within instrument was received and filed for record on the

o'clock $\frac{P}{M}$ M., and duly recorded in ___A.D., 19⁸¹ at^{2:09} 4th day of June EVELYN BIEHN on page_____10029 COUNTY CLARK Deeds of

Fee \$ 3.50

By Ochra agange deputy