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CERTIFICATE OF DEATH

Vital Records Unit

303
Local File Number

State File Number

Field	Entry
1. Deceased—Name (First, Middle, Last)	Naomi - Taylor
2. Date of Death (month, day, year)	July 25, 1981
3. Race	White
4. Sex	Female
5a. Age—Last birthday (years)	69
6. Date of Birth (month, day, year)	October 24, 1911
7a. City, Town or Location of Death	Klamath Falls
7b. Hospital or Other Institution—Name	Merle West Medical Center
7c. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm., Inpatient	D.O.A.
7d. County of Death	Klamath
8. State of Birth	Oregon
9. Citizen of What Country	U.S.A.
10. Married, Never Married, Widowed, Divorced	Married
11. Spouse	Robert W. Taylor
12. Was Decedent Ever in U.S. Armed Forces?	No
13. Social Security Number	540-28-4381
14a. Usual Occupation	Homemaker
14b. Kind of Business or Industry	-
15a. Residence—State	Oregon
15b. County	Klamath
15c. City, Town or Location	Merrill
15d. Street and Number or R.F.D., Zip	Box 313, Falvey Rd. 97633
15e. Inside City Limits	No
16. Father—Name	Lionel Lamb
17. Mother—Maiden Name	Lula Simmons
18. Informant—Name and relationship to deceased	Robert W. Taylor, Husband
19a. Burial, Cremation, Removal, Other	Burial
19b. Cemetery or Crematory—Name	Merrill I.O.O.F. Cemetery
19c. Location (city or town, state)	Merrill, Oregon
20a. Funeral Service Licensee (Signature)	[signature]
20b. Name and Address of Facility	O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or
21a. Certifier (Signature)	[signature]
21b. Date Signed	
21c. Hour of Death	11:00 A.M. Pron. 12:01 PM
21d. Name and Address of Certifier	Blake Berven, M.D., 2616 Clover St., Klamath Falls, Oregon 97601
21e. Name of Attending Physician if Other Than Certifier	
22a. Date Received by Registrar	JUL 31 1981
22b. Registrar (Signature)	[signature]

23. Part I	Cause	Interval between onset and death
(a) Immediate Cause	Acute myocardial infarction	10 min
(b) Due to or as a consequence of		
(c) Due to or as a consequence of	ASHD	Unknown

Field	Entry
Part II. Other Significant Conditions	
24. Autopsy	No
25. Was Medical Examiner Notified	Yes
26a. Accident	
26b. Date of Injury	
26c. Hour of Injury	M
26d. Describe How Injury Occurred	
26e. Injury at Work	
26f. Place of Injury	
26g. Location (Street or R.F.D. No., City or Town, State)	

Reserved for Registrar's Use

HS-2 (Rev. 1/80)

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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By [signature] Deputy Registrar
Date JUL 31 1981

VOID IF ALTERED

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 5th day of August A.D., 1981 at 10:12 o'clock A M., and duly recorded in Vol M81 of Deeds on Page 13956.

EVELYN BIEHN
COUNTY CLERK
By [signature] deputy

Fee $ 3.50