

44

STATE OF OREGON—STATE BOARD OF HEALTH  
Vital Statistics Section

CERTIFICATE OF DEATH

State File Number

| DECEASED—NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| 1. RACE: White, Negro, American Indian, etc. (Specify) <b>White</b><br>2. SEX: <b>Female</b><br>3. AGE: Last birthday (years) <b>78</b><br>4. CITY, TOWN, OR LOCATION OF DEATH <b>Malin</b><br>5. COUNTY OF DEATH <b>Klamath</b><br>6. STATE OF BIRTH (If not in U.S., give country) <b>U.S.A.</b><br>7. SOCIAL SECURITY NUMBER <b>12-543-50-3443</b><br>8. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>9. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b><br>10. MARRIED, NEVER MARRIED, WIDOWED, REFORCED (Specify)<br>11. NAME OF SPOUSE <b>Anton Victorin</b><br>12. DATE OF BIRTH (month, day, year) <b>September 13, 1894</b><br>13. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)<br>14. STREET AND NUMBER OR R.F.D. <b>Star Rt., 162</b><br>15. DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 21 1973</b><br>16. DATE RECEIVED BY STATE REGISTRAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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DATE OF DEATH (month, day, year)<br><b>January 30, 1973</b> |  |
| 1. CAUSE<br>2. IMMEDIATE CAUSE<br>3. CHRONIC OR OTHER SIGNIFICANT CONDITIONS<br>4. PART I. OTHER SIGNIFICANT CONDITIONS<br>5. PART II. OTHER SIGNIFICANT CONDITIONS<br>6. PART III. OTHER SIGNIFICANT CONDITIONS<br>7. PART IV. OTHER SIGNIFICANT CONDITIONS<br>8. PART V. OTHER SIGNIFICANT CONDITIONS<br>9. PART VI. OTHER SIGNIFICANT CONDITIONS<br>10. PART VII. OTHER SIGNIFICANT CONDITIONS<br>11. PART VIII. OTHER SIGNIFICANT CONDITIONS<br>12. PART IX. OTHER SIGNIFICANT CONDITIONS<br>13. PART X. OTHER SIGNIFICANT CONDITIONS<br>14. PART XI. OTHER SIGNIFICANT CONDITIONS<br>15. PART XII. OTHER SIGNIFICANT CONDITIONS<br>16. PART XIII. OTHER SIGNIFICANT CONDITIONS<br>17. PART XIV. OTHER SIGNIFICANT CONDITIONS<br>18. PART XV. OTHER SIGNIFICANT CONDITIONS<br>19. PART XVI. OTHER SIGNIFICANT CONDITIONS<br>20. PART XVII. OTHER SIGNIFICANT CONDITIONS<br>21. PART XVIII. OTHER SIGNIFICANT CONDITIONS<br>22. PART XIX. OTHER SIGNIFICANT CONDITIONS<br>23. PART XX. OTHER SIGNIFICANT CONDITIONS<br>24. PART XXI. OTHER SIGNIFICANT CONDITIONS<br>25. PART XXII. OTHER SIGNIFICANT CONDITIONS<br>26. PART XXIII. OTHER SIGNIFICANT CONDITIONS<br>27. PART XXIV. OTHER SIGNIFICANT CONDITIONS<br>28. PART XXV. OTHER SIGNIFICANT CONDITIONS<br>29. PART XXVI. OTHER SIGNIFICANT CONDITIONS<br>30. PART XXVII. OTHER SIGNIFICANT CONDITIONS<br>31. PART XXVIII. OTHER SIGNIFICANT CONDITIONS<br>32. PART XXIX. OTHER SIGNIFICANT CONDITIONS<br>33. PART XXX. OTHER SIGNIFICANT CONDITIONS<br>34. PART XXXI. OTHER SIGNIFICANT CONDITIONS<br>35. PART XXXII. OTHER SIGNIFICANT CONDITIONS<br>36. PART XXXIII. OTHER SIGNIFICANT CONDITIONS<br>37. PART XXXIV. OTHER SIGNIFICANT CONDITIONS<br>38. PART XXXV. OTHER SIGNIFICANT CONDITIONS<br>39. PART XXXVI. OTHER SIGNIFICANT CONDITIONS<br>40. PART XXXVII. OTHER SIGNIFICANT CONDITIONS<br>41. PART XXXVIII. OTHER SIGNIFICANT CONDITIONS<br>42. PART XXXIX. OTHER SIGNIFICANT CONDITIONS<br>43. PART XL. OTHER SIGNIFICANT CONDITIONS<br>44. PART XLI. OTHER SIGNIFICANT CONDITIONS<br>45. PART XLII. OTHER SIGNIFICANT CONDITIONS<br>46. PART XLIII. OTHER SIGNIFICANT CONDITIONS<br>47. PART XLIV. OTHER SIGNIFICANT CONDITIONS<br>48. PART XLV. OTHER SIGNIFICANT CONDITIONS<br>49. PART XLVI. OTHER SIGNIFICANT CONDITIONS<br>50. PART XLVII. OTHER SIGNIFICANT CONDITIONS<br>51. PART XLVIII. OTHER SIGNIFICANT CONDITIONS<br>52. PART XLIX. OTHER SIGNIFICANT CONDITIONS<br>53. PART L. OTHER SIGNIFICANT CONDITIONS<br>54. PART LI. OTHER SIGNIFICANT CONDITIONS<br>55. PART LII. OTHER SIGNIFICANT CONDITIONS<br>56. PART LIII. OTHER SIGNIFICANT CONDITIONS<br>57. PART LIV. OTHER SIGNIFICANT CONDITIONS<br>58. PART LV. OTHER SIGNIFICANT CONDITIONS<br>59. PART LVI. OTHER SIGNIFICANT CONDITIONS<br>60. PART LVII. OTHER SIGNIFICANT CONDITIONS<br>61. PART LVIII. OTHER SIGNIFICANT CONDITIONS<br>62. PART LIX. OTHER SIGNIFICANT CONDITIONS<br>63. PART LX. OTHER SIGNIFICANT CONDITIONS<br>64. PART LXI. OTHER SIGNIFICANT CONDITIONS<br>65. PART LXII. OTHER SIGNIFICANT CONDITIONS<br>66. PART LXIII. OTHER SIGNIFICANT CONDITIONS<br>67. PART LXIV. OTHER SIGNIFICANT CONDITIONS<br>68. PART LXV. OTHER SIGNIFICANT CONDITIONS<br>69. PART LXVI. OTHER SIGNIFICANT CONDITIONS<br>70. PART LXVII. OTHER SIGNIFICANT CONDITIONS<br>71. PART LXVIII. OTHER SIGNIFICANT CONDITIONS<br>72. PART LXIX. OTHER SIGNIFICANT CONDITIONS<br>73. PART LXX. OTHER SIGNIFICANT CONDITIONS<br>74. PART LXXI. OTHER SIGNIFICANT CONDITIONS<br>75. PART LXXII. OTHER SIGNIFICANT CONDITIONS<br>76. PART LXXIII. OTHER SIGNIFICANT CONDITIONS<br>77. PART LXXIV. OTHER SIGNIFICANT CONDITIONS<br>78. PART LXXV. OTHER SIGNIFICANT CONDITIONS<br>79. PART LXXVI. OTHER SIGNIFICANT CONDITIONS<br>80. PART LXXVII. OTHER SIGNIFICANT CONDITIONS<br>81. PART LXXVIII. OTHER SIGNIFICANT CONDITIONS<br>82. PART LXXIX. OTHER SIGNIFICANT CONDITIONS<br>83. PART LXXX. OTHER SIGNIFICANT CONDITIONS<br>84. PART LXXXI. OTHER SIGNIFICANT CONDITIONS<br>85. PART LXXXII. OTHER SIGNIFICANT CONDITIONS<br>86. PART LXXXIII. OTHER SIGNIFICANT CONDITIONS<br>87. 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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.

VELDON C. BOGE, M.D., Registrar Vital Statistics

By Mamunur R. Khan Deputy Registrar  
Date 9 July 1978

State of OREGON: COUNTY OF KLAMATH: ss.  
I hereby certify that the within instrument was received and filed for record on the

18 day of December A.D., 1981 at 2:40 o'clock P M., and duly recorded in  
EVELYN DIEHN

VolM 81 of Deeds on page 21604.

Fee \$ 4.00

EVELYN BIEHN

COUNTY CLERK

By James McNamee deputy