f Oregon N STATE HEALTH DIVISION ment of Human Resources		C	CERTIFICATE OF DEATH		Vol. Mg 3 Page 874		
TYPE : PRINT IN	19487 24	·6 7	Vital Records Unit			7	
HANENT	Local File N	umber			State File Number	'	
POR	1	MARY	Mode tas	: ALL	DATE OF DEATH (month, da	er 1025	
SEE DBOOK	RACE White, Black, American Ind. etc. (specify)	1	AGE - Last birthday (years)	inder 1 year Uniter 1 day	DATE OF BIRTH (Cresting day of	- 7 - 4 (at)	
al	3 White CITY, TOWN OR LOCATION OF	4 Fema	OR OTHER INSTITUTION, HAVE	50 S HOUSE OF SINGLE POR ACCOUNTS	GUNTY OF DEATH	1900	
U	, Klamath Fal	ls la Wes	st Medical Center	Pine An Inpaint Service Inpatient	, Klamath		
DENT	STATE OF BIRTH (III, not in USA.	. CITIZEN OF WHA	WIDOWED, DIVORCED	RIED, SPOUSE F MAHRIET	WOOMED) WAS DECEDER	NT EVER IN U.S.	
XEATH RRED IN TUTION.	SOCIAL SECURITY NUMBER	USUAL O	• A • 10 Married OCCUPATION (give kind of work done domn gible, man if refred)	IND OF BUSH	MESS OR INDUSTRY	<u> </u>	
ALDROCK VIDING ETION OF	13 543 / 10 / RESIDENCE—STATE	2335 14a	Homemak e	1.46	Homemaking	<u> </u>	
ACE ITEMS	154 Oregon	150 Klama	i		E.D. ZIP 97601 11.30	Cty Limis Fysion of Ies	
ا	FATHER MANE first in		MOTHER Maiden Name first re-	de last INFORMANT	NAME and result onship to desplay.	-	
	BURIAL CREMATION, REMOVAL MAUS (SPECIA)	CEMETERY OR CR	r Florence Amanda	LOCATION	tiam Hall / Ho	ısband	
SITION	19a Cremation	Liternal	Hills Memorial Ga	ardens 🗽 Klam		regon	
1	20a Lames K	2 hill	200 WARD'S - 194		ath Falls, Ore		
, 182	To the best of my knowled due to the cause(s) stated	op, geath occurred at the	time, date and place and	DATE SIGNED [Me., Day, Y-]	HOUR OF DEATH		
1	ਹਨ <u>21a (Signature</u>] ਦ	CEATIFIER (Type or Pri	n) long-	216 7-6 Si	210 6:50) P M	
IFIER !		K. Magee,	MD / 905 Main, S	Suite 409 / K]	amath Falls,	Oregon	
.DUTIONS	216		N GERTIFIER [<i>Type or Prot</i>]				
F ANY CH GAVE SE TO	DATE RECEIVED BY REGISTRAP	8 1982	REGISTRAR	A			
IEDIATE AUSE	23 IMMEDIATE CAUSE		ONLY ONE CAUSE PER LINE FOR [a] [b] A	WOLCH			
TING THE CONTRIBUTION OF THE LAST	PART DUE TO, OR AS A CONSEQUE	relove (ere (e.)	Interval between	en orset and death	
→	1 (b) Hulke	-Come			Interval between	un oriset ark) death	
zi€ OF	DUE TO, OH AS A CONSEQUE	ENCE OF:	1 3.151th 1.0	7	Interval between	er onser and death	
CATH	PART OTHER SIGNIFICANT CON	DITIONSConditions con	tributing to death but not related to cause g	To a first to a Laurenger	7.7	· ·	
53310	••			Wen in PART I (u) AUTOPSY (or Ab)	NO WAS MEDICAL EX	CAMINER NOTIFIED	
	ACCIDENT (Specify Yes or Au) Do			RIBE HOW INJURY OCCURRED			
25	INJURY AT WORK PLA	ti CE OF INJURY—At home e building, etc. [<i>Specily</i>]	26c M 26d LOCATION	STREET OR A F D. N	OT OR TOWN	STATE	
ر ج	26e 261 RESERVED FOR REGISTRAR'S US		260				
							
It Roo	At Thomas		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Lag.,			
93	o Klamoth de	٠.	100 F 1 1 5			HS-2 (Fax. 180)	
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ون الماسمة							
/ STAT	E OF OREGON, COUNT	Y OF MULTNO	MAH)ss DATE	ISSUED Septemb	per 2 1982		
I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT							
AND	AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE						
IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY DEFICIAL CARE AND CUSTODY.							
Shoot D. Commission							
Joseph D. Carney, State-Registrar							
NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION							
STATE OF OREGON: COUNTY OF KLAMATH ;ss							
	I hereby certify that the within instrument was received and filed for						
	record on the _ and duly record					<u>P</u> M	
	and dary record	111 401_	 . 	SIEHN COUNTY (page_874		
	FEE \$ 4.00			TEHN COUNTY C		İ	
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