	21566 249		Vital Rec	ords Unit		Γ	Vol. 83	-	
→EHT ⊶K	Local File Numl	per First	Middle		Last .			File Number	oor)
r⊼ >R {	/	BRUCE	ROBERT		VOSS		1	uly 3,	_
CTIONS E BOOK	RACE White, Black, American Indian, etc. (specify)		AGE—Last b (years)	· · · · ·	Under 1 ye			TH (month, day, ye	•
	3 White City, town of LOCATION OF DE	4 Male	5e OTHER INSTITUTI	ON-NAME	5b IF HOSP.	5c OR INST. Indicate DO	DA COUNTY OF E	oril 7,	1740
	7a Klamath Fall		Medical			, Rm., Inpatient (Spec Inpatier	1t 7d K1	amath	
HIT	STATE OF BIRTH (If not in U.S.A., name country) B California	CITIZEN OF WHAT C	arw	aried, never m lowed, divoaci Marrie	D (specify)	, Nac	RRIED, WIDOWED)	ARMED FORC	NT EVER IN U.S. EB7. (Specify Yes or YES
ATH FED IN JTION,	SOCIAL SECURITY NUMBER	USUAL OCC of working tife	UPATION (give kin e, even if retired)	d of work done di	iring most	KIND OF	BUSINESS OR INDU	STRY	
OSOOK YOMG TION OF	13 572 / 28 / 7 RESIDENCE—STATE	389 14a H	CITY, TOWN,	or Location	tired STRE	14b ET AND NUMBER	OR R.F.D., ZIP 97	nstruct	City Limits
E ITEMS	15a Oregon	15b Klamath		nanza			, Box 111	1 15/4	NO NO
	FATHER-NAME first mic		MER-Maiden Nar Eliza	ne first abeth C	middle Col		ANT-NAME and related AOMI Voss		
	BURIAL, CREMATION, REMOVAL, MAUS. (specify)	CEMETERY OR CREM	ATORYNAME			LOCATIO		state	
TION	19a Burial FUNERAL SERVICE LICENSEE OF	196 Lost Person Acting As Such	River (ESS OF FACILIT	Υ		onanza, (<u></u>
	Signature Annes K		200				amath Fal		
	To the best of my knowledge due to the cause(s) stated 21a [Signature]	e treat occurred at the tim	e, date and place a	and	DATE S	SIGNED (MC/Day.	m] —	HOUR OF DEAT	н 2 А. "
विव	NAME AND ADDRESS OF	7	Q "			-1-1-	1, 13 -	1210	
ALTI	SE NAME OF ATTENDING PHY				te 61	.1 / Kla	math Fall	ıs, Ure	gon
ITIONS	21e			-			maiore is required to the same between the same of the		
ANY -1 GAVE = TO	DATE RECEIVED BY REGISTRAR 22a JUL 9 19	[Mo, Day, Yr.] 82	REGISTRAR 22b (Signature)	o m		(1)/4	7		
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ALYING E LAST	DUE TO, OR AS A CONSEQUE		vest	- parolo	3195	てかららて	No bilance		WED ween onset and de
\rightarrow	100 ACUTE	2NT. V	MI					\perp 50	las
107	DUE TO, OR AS A CONSEQUE	ENCE OF:						Interval bet	ween obset and de
wil a	PART OTHER SIGNIFICANT CON	DITIONS—Conditions contr	ibuting to death bu	t not related to ca	use given in	PART I (a) AUT		WAS MEDICAL (Specify Yes or	
	ACCIDENT I Common North ALTER	ATE OF INJURY (AA), Day,	1/21 HOUR OF			24	No	25	No
	ACCIDENT [Specify res or NO] [De	•		INJURY į	DESCRIBE F	1014 INJURY OCCU	MALO		
	26a NO 26		26c	м	26d			11TV 00 TO	CTAVE
	26a NO 26 INJURY AT WORK PLA [Specify Yes or Ab] office	6b ICE OF INJURY—At home, be building, etc. [Specify]	26c	, Loc		STREET OR		ITY OR TOWN	STATE
	26a NO 26	ICE OF INJURY—At home, see building, etc. [Specify]	26c	м	26d			ITY OR TOWN	STATE
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	26a NO 20 INJURY AT WORK PLA (Specify Yes or Ab) office 26e 26f	ICE OF INJURY—At home, see building, etc. [Specify]	26c	, Loc	26d			ITY OR TOWN	STATE
	26a NO 20 INJURY AT WORK PLA (Specify Yes or Ab) office 26e 26f	ICE OF INJURY—At home, see building, etc. [Specify]	26c	, Loc	26d			ITY OR TOWN	STATE STATE
	26a NO 26 INJURY AT WORK PLA [Specify Yes or Ab] 26e 26f RESERVED FOR REGISTRAR'S U	ICE OF INJURY—At home, se building, etc. [Specify]	26c	, Loc	26d			ITY OR TOWN	
	STATE OF OF Councy of J	REGON (Lamath	26c farm, street, factory	, LOC 26g	26d ATION	STREET OR	RED NO CI		HS-2 (Re
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	STATE OF OF County of James a Associates Attorneys at Law reofessional corporation 635 Main street STATE OF OREGON I hereby certif record on the	REGON Clamath ALTICLES THAT CLEATH ON F COUNTY OF THAT THE STATE OF TH	the foregile with MARI By Date VOID IN D SEAL OF KLAMAT within March	coing is the Klam AN ACKER ALTERED THE KL/	a correct the state of the stat	rect and county Deparements of 198	complete tartment of Vital Star Deput	ranscript Health S tistics y Registr SERVICES	eservices.
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