\cdot G(ment of	TE HEALTH DI Human Resou	IVISION urces		CE	RTIFI(CATE OF	DEA'	TH		Vol	.M&3	Pag	e 14683	
OF PER	R PRINT IN MANENT	7609	30	1		Vital	Records U	/nit			F			٦	
	BLACK INK	DECEASED	Local File N -NAME	First		Middle	T	Last					e File Nu EATH (mo	lumber onth, day, year)	
911	FOR RUCTIONS	1	- dense le	Dovie		Be		NEU	NEWTON			2 Augus	st 24	4. 1983	
	SEE NDBOOK	etc. (specify)	Black, American Ind White		ex Female	(years	Last birthday s) 70	mos	nder 1 ye os. de	Seys I	Uncler 1 day hours min	DATE OF BI	RTH (mor	nth, day, year)	
		CITY, TOWN	OR LOCATION OF		HOSPITAL OR	5a R OTHER INS	STITITION . MANU		IF HOSP.	OR INST.	Indicate DOA	6 March	<u>129</u> ,	. 1913	
_		78 STATE OF BI	Crescent		(If not in either, 7b RLC	ddle R	and number, oad	- 1:	7c -		ontiera [Specify]	70 Klama	ath	<u></u>	
	EDENT	name country)	IRTH (if not in U.S.A		ZEN OF WHAT OUSA	COUNTRY	MARRIED, NEV WIDOWED, DIV	/ER MARR /ORCED (S	tIED, specify)	ĺ	SE (IF MARRIED	D, WIDOWED)	WAS	B DECEDENT EVER IN U.S. MED FORCES? (Specify Yes or No.)	
cα	DEATH URRED IN ITUTION,	1	JURITY NUMBER	9	USUAL OCC	CUPATION (10 Marri give kind of work do		most	111	Barney KIND OF BUSH	D.	12	no	
;E H. hEG	iandbook Jahding		66 2183		of working lift	ife, even if reti Iomemak	tired) 201	•			14b Owh 1	Home			
	LETKIN OF	RESIDENCE-		COUNTY		1.	OWN, OR LOCATI	ON	t	ET AND I	NUMBER OR R	R.F.D., ZIP 97	733	Inside City Limits (specify yes or no)	
	\rightarrow	15a U/C	tegon MiE tirst		Lamath	15c (Crescent Ion Namo first	it mide	15d	Ridd	ile Road Informant	NAME and role	**carbin	15e No	
		16 Wi	elliam Otto	to Summe	ers 17	Etta -	Boss		GIG					. husband	
		BURIAL, CRE	EMATION, MAUŞ. (specify)	CEMET	TERY OR CREM	MY-NA	ME			1	LOCATION	city or town	Mun,	state	
<u> </u>	SITION	_{19a} Bu	urial Envice Licensee	19b	LaPine C	Communi	ity Cemet	ery		1	19c	LaPine	<u>.</u>	Oregon	
-		(Signature)	, , , ,	Lynd Lynd					1. 1	r.,,	105 N	(1) This			
7	2	,	ne best of my knowled to the cause(s) stated	edgré, death occ	curred at the tim	y date and r	place and	yron !	DATE SI	IGNED [A	HD. Day. Yr.]	W. Inva	HOUR	Bend, OR. 97701 OF DEATH	
	3. 21a [Signature] N. V. K. (((1) ((1) (1) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2											11:30Pm			
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TAT	CAUSE TING THE DEFILYING USE LAST	PART _(a)	Pyaloge Or as a consequ		VA	LY ONE CO.	St Fer Live (O.	(a), (D), A	ND [c] j				- 0	erval between onset and death	
	<u> </u>	(b) /	ASUD		also CE	houn	ration	Reb	rill	nou	nn)		Inte	erval between onset and death	
23.0	SE OF	(c)	OR AS A CONSEQU	JUENCE OF:										enfall between onset and death	
		1 10 //~	ER SIGNIFICANT CON	, -		. 3 17	th but not related to	o cause giv	ven in PA	ART I (a)	or Nb)	(Specify Yas	(Specify	MEDICAL EXAMINER NOTIFIED by Yes or Ab)	
5	4 5	ACCIDENT (.S.	specify Yes or [Nb]	DATE OF INJU	JRY (Mo., Day,)	n.] HOUR	R OF INJURY	DESCR	RIBE HOV	W INJUR	24 RY OCCURRED	No	25	Yes	
6	5	26a No INJURY AT WO Specify Yes or	ORK PL	26b LACE OF INJUR ffice building, et	JRY—At home, ta	26c arm, street, fac		M 26d LOCATION		STRI	EET OR R.F.D. N	NO CIT	Y OR TO	WN STATE	
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	\rightarrow		STATE OF C												
1	**	County of <u>Klamath</u> This certifies that the foregoing is a correct and complete transcript of a													
		record of death on file with the <u>Klamath County Department</u> of Health Services.													
		1	اسبهار	A Company											
		MARIAN ACKERMAN, Registrar Vital Statistics													
		(SEAL)													
		By John Deputy Registrar													
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	and	duly r	ecorded	in Vo) <u>I</u> MB3	, °	of Deeds			oı	n page	· 1468	3		
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