WIT	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	7933		CERTIFI			ιп. γ	01.118	3 Page 1524
NENT :		10		Vita	Records	Unit	Γ		
×	DECEASED NAME	al File Number First		Middle	La	st .	·	Sta	nte File Number DEATH (month, day, year)
TIONS	RACE White, Black, Ame	Hobert	EX.	٧.	Rawl			2 Aug	ust 31, 1983
DOK	3 White	١.	Male	AGE—Lest birtho (years)		Under 1 year tos days	Under 1 der		NRTH (month, day, year)
	CITY, TOWN OR LOCAT			THER INSTITUTION		IF HOSP, OR	NST, Indicate DO		ember 31, 1916
NT .	78 Klamath Fa.  STATE OF BIRTH (if not name country)		7b Merle V	MEST Medic	al Cent	76 III	hoatient (Special patient	<sub>7d</sub> Klar	math
H D IN	8 Ohio	i.	U.S.A.	woowi	ED, DIVORCED	(specify)	Flora F		WAS DECEDENT EVER IN ARMED FORCES? (Specify Yes
ON. OOK	13 556-20-84			ATION (give kind of wen if relined)		g most	KIND OF BL	BINESS OR INC	CUSTRY
NG NOF TEMS.	RESIDENCE—STATE	COUNTY		controlle Mec		STREET A	14b Aut	omobile	Repair
<b>→</b>	15a Oregon		lamath	15c Klamath	Falls		7 Divisi		(specify yes or no)
1	16 Roy C. F	Rawlins		R-Maiden Name		ddle last			stionship to deceased
·	BURIAL, CREMATION, REMOVAL, MAUS. (speci	(y) CEME	TERY OR CHEMATO	MY-NAME			18 Flo	ra Rawli	ins, Wife
ION	19a Burial FUNERAL SERVICE LICE (Signature)	INSEE Or Page Act	Mt. Calva	ry Cemeter	OF FACH ITY		19c Kla	math Fal	ls, Oregon
'	20.5	s. /W/_				hapel.	Inc. 5	15 Pine	St., Klamath Fa
	70 74 21 Connet well 18	knowledge death co	dired at the time, de	ste and place and	0	DATE SIGNED	[Mo. Day. Yr]	100	HOUR OF DEATH
R	NAME AND ADDE	ESS OF CERTIFIER		-> M.	· · · · · · · · · · · · · · · · · · ·	21b Je	11/	8)	21c 12:30 P.
	21d Earle	M. LeVeri	ois, M.D.	, 2628 Ca	mpus Dr	., Klam	nath Fal	ls, Oreq	on 97601
NS .	- B 21e			IFTEH (7)(D# OF Phint)					
VE	DATE RECEIVED BY REC	2 1983	r.] RE	GISTRAR					
TE HE (	23 IMMEDIATE CAUSE			(Signature)	alher	ni E	Clean	#	
NG I	PART(a)	while	SONTER ONLY OF	/ /	FOR[8], [0], A	VD[c]]			Interval between onset and
					~				
ST	DUE TO, OR AS A CO	,		F20/41	<del>مر</del>				Interval between open and
>	1	enculiza	W B	rterial	Thu	mbol			Interval between onset and 48 hvs
<b>→</b>	(b)  DUE TO, OR AS A CO	SMUMIT OF	W B	sterial A.T.	Ance				Interval between onset and
<b>→</b>	DUE TO, OR AS A CO	SEQUENCE OF:	The Contributing	A.T. to death but not rela	Ance			Specify Yas	WAS MEDICAL EXAMINER NO
<b>→</b>	DUE TO, OR AS A CO	MEDITIONS CONDITIONS CONDITIONS CONDITIONS	: Hur	sterial A.T.	Ance ted to cause giv	en in PART I (i	a) AUTOPSY or Ab]	No	
<b>→</b>	(c)  PART OTHER SIGNIFICAN  ACCIDENT [Specify Yes or a  PROPERTY AT WORK	MEDITIONS CO	HY [Mo. Day, Yr.]	ATO to death but not rela	DESCRI	en in PART I (i	a) AUTOPSY	No	WAS MEDICAL EXAMINER NO [Specify Yes or Ab]
<b>→</b>	DUE TO, OR AS A CO	MEDITIONS CO	RY (Mb., Day, Yr.)	ATO to death but not rela	DESCRI M 26d LOCATION	en in PART I (i	a) AUTOPSY or Ab]	No	WAS MEDICAL EXAMINER NO [Specify Yes or Ab]
<b>→</b>	DUE TO, OR AS A CO (C)  PART OTHER SIGNIFICAN  ACCIDENT (Specify Yes or AC)  26a  [Specify Yes or AC)	NSEQUENCE OF:  CONDITIONS—CO  AC  AC  PLACE OF INJUR  Office building, etc.  261	RY (Mb., Day, Yr.)	ATO to death but not rela	DESCRI	en in PART I (i	AUTOPSY or Ab) 24 URY OCCURRED	No	WAS MEDICAL EXAMINER NO [Specify Yes or Ab] 25 No
<b>→</b>	DUE TO, OR AS A CO (c)  PART OTHER SIGNIFICA  ACCIDENT [Specify Yes or Accident [Specify Yes or Acident [Specify Yes or Aciden	NSEQUENCE OF:  CONDITIONS—CO  AC  AC  PLACE OF INJUR  Office building, etc.  261	RY (Mb., Day, Yr.)	ATO to death but not rela	DESCRI M 26d LOCATION	en in PART I (i	AUTOPSY or Ab) 24 URY OCCURRED	No	WAS MEDICAL EXAMINER NO [Specify Yes or Ab] 25 No
<b>→</b>	(c)  DUE TO, OR AS A CO  (c)  PART OTHER SIGNIFICA  ACCIDENT [Specify Yes or A)  26a  INJURY AT WORK [Specify Yes or Ab]  26a  RESERVED FOR REGISTRA	NSEQUENCE OF:  CONDITIONS—CO  AC  AC  PLACE OF INJUR  Office building, etc.  261	RY (Mb., Day, Yr.)	ATO to death but not rela	DESCRI M 26d LOCATION	en in PART I (i	AUTOPSY or Ab) 24 URY OCCURRED	No	WAS MEDICAL EXAMINER NO [Specify Yes or Ab] NO
<b>→</b>	(c)  DUE TO, OR AS A CO  (c)  PART OTHER SIGNIFICA  ACCIDENT [Specify Yes or A)  26a  INJURY AT WORK [Specify Yes or Ab]  26a  RESERVED FOR REGISTRA	NSEQUENCE OF:  CONDITIONS—CO  AC  AC  PLACE OF INJUR  Office building, etc.  261	RY (Mb., Day, Yr.)	ATO to death but not rela	DESCRI M 26d LOCATION	en in PART I (i	AUTOPSY or Ab) 24 URY OCCURRED	No	WAS MEDICAL EXAMINER NO [Specify Yes of Ab] NO 25 NO OR TOWN STATE
<b>→</b>	(b) DUE TO, OR AS A CO (c) PART OTHER SIGNIFICA ACCIDENT [Specify Yes or Ac) 28a INJURY AT WORK [Specify Yes or Ac) 28b RESERVED FOR REGISTRA	NSEQUENCE OF:  OCCUPIED TO SEQUENCE OF:  OCCUPIED TO SEQUENCE OF INJURISHING OF I	RY (Mb., Day, Yr.)	ATO to death but not rela	DESCRI M 26d LOCATION	en in PART I (i	AUTOPSY or Ab) 24 URY OCCURRED	No	WAS MEDICAL EXAMINER NO [Specify Yes or Ab] NO
<b>→</b>	(b) DUE TO, OR AS A CO (c) PART OTHER SIGNIFICA  PART OTHER SIGNIFICA  PART OTHER SIGNIFICA  ACCIDENT [Specify Yes or Ac) 28a INJURY AT WORK [Specify Yes or Ac) 28b  RESERVED FOR REGISTRA	NSEOVENCE OF:  OCCUPIED TO SEOVENCE OF:  OCCUPIED TO SEOVENCE OF INJURI OFFICE DUILDING, etc. 261  OREGON	RY (Mb., Day, Yr.)	ATO to death but not rela	DESCRI M 26d LOCATION	en in PART I (i	AUTOPSY or Ab) 24 URY OCCURRED	No	WAS MEDICAL EXAMINER NO [Specify Yes of Ab] NO 25 NO OR TOWN STATE
<b>→</b>	(b) DUE TO, OR AS A CO (c) PART OTHER SIGNIFICAN (C) ACCIDENT (Specify Yes or AC) 26a INJURY AT WORK (Specify Yes or AC) 26b  RESERVED FOR REGISTRA  STATE OF County of This c	NSEQUENCE OF:  WE CONDITIONS OF THE PLACE OF INJURIOR building, etc.  OREGON  Klamath  ertifies t	AY (Mo. Day Y)	to death but not related to the second to death but not related to the second to the s	DESCRI M 26d LOCATION 26g	en in PART I (i	AUTOPSY O'AD) 24  JRY OCCURRED  REET OR R.F.D.	NO CITY	WAS MEDICAL EXAMINER NO [Specify Yes of Ab] 25 NO OR TOWN STATE
<b>→</b>	(b) DUE TO, OR AS A CO (c) PART OTHER SIGNIFICAN (C) ACCIDENT (Specify Yes or AC) 26a INJURY AT WORK (Specify Yes or AC) 26b  RESERVED FOR REGISTRA  STATE OF County of This c	NSEQUENCE OF:  WE CONDITIONS OF THE PLACE OF INJURIOR building, etc.  OREGON  Klamath  ertifies t	AY (Mo. Day Y)	to death but not related to the second to death but not related to the second to the s	DESCRI M 26d LOCATION 26g	en in PART I (i	AUTOPSY O'AD) 24  JRY OCCURRED  REET OR R.F.D.	NO CITY	WAS MEDICAL EXAMINER NO [Specify Yes of Ab] 25 NO OR TOWN STATE
<b>→</b>	CC)  DUE TO, OR AS A CO  (C)  PART OTHER SIGNIFICA  (C)  ACCIDENT [Specify Yes or A)  26a  INJURY AT WORK [Specify Yes or Ab]  26a  RESERVED FOR REGISTRA  STATE OF  County of  This c  record	NSEQUENCE OF:  WE CONDITIONS OF THE PLACE OF INJURIOR building, etc.  OREGON  Klamath  ertifies t	AT (Mo. Day, M.)  Y-At home, tarm, st.:  (Specify)  that the fo	to death but not related to death but not related to death but not related to the section of the	DESCRI M 26d LOCATION 260	BEHOWING	altropsy or Autopsy or	NO CITY ete tran	WAS MEDICAL EXAMINER NO [Specify Yes of Ab] 25 NO TOR TOWN STATE  21-2 Script of a alth Services.
<b>→</b>	DUE TO, OR AS A CO (c)  PART OTHER SIGNIFICA  (c)  ACCIDENT [Specify Yes or Ac)  266  INJURY AT WORK [Specify Yes or Ac)  260  RESERVED FOR REGISTRA  STATE OF County of This c record	NSEQUENCE OF:  TO CONDITIONS CO  TO CONDITIONS C	AT (Mo. Day, M.)  Y-At home, tarm, st.:  (Specify)  that the fo	to death but not related to the second to th	DESCRI M 26d LOCATION 260	BEHOWING	altropsy or Autopsy or	NO CITY ete tran	WAS MEDICAL EXAMINER NO [Specify Yes of Ab] 25 NO TOR TOWN STATE  21-2 Script of a alth Services.
<b>→</b>	DUE TO, OR AS A CO (c)  PART OTHER SIGNIFICA  (c)  ACCIDENT [Specify Yes or Ac)  266  INJURY AT WORK [Specify Yes or Ac)  260  RESERVED FOR REGISTRA  STATE OF County of This c record	NSEQUENCE OF:  ONE OF INJURATIONS CONTROL OF INJURATION OF	AT (Max. Day. M.)  Y—At home, tarm, st.:  (Specify)  That the foon file with	to death but not related to the section.	DESCRI M 26d LOCATION 260	BEHOWING	d comple	No cm	WAS MEDICAL EXAMINER NO [Specify Yes of Ab] 25 NO 26 NO 27 OR TOWN STATE  21-2 Script of a alth Services.
<b>→</b>	CO DUE TO, OR AS A CO CC	PLACE OF INJURA OF REGON Klamath ertifies to of death	hat the fo	to death but not related to death but not related to the second to the s	DESCRIM 26d LOCATION 260 S a corramath Co	BEHOWING	d comple epartmer	NO CITY  ete tran  at of He:  Statist	WAS MEDICAL EXAMINER NO [Specify Yes of Ab] 25 NO TOR TOWN STATE  21-2 Script of a alth Services.
<b>→</b>	CO DUE TO, OR AS A CO  (c) THE SIGNIFICATION OF THE	NSEQUENCE OF:  ONE OF INJURE  PLACE OF INJURE  PLACE OF INJURE  OREGON  Klamath  ertifies tof death	hat the fo	to death but not relative to death but not relative to death but not relative to the total not relative to the not	DESCRIM 28d LOCATION 280	rect an ounty D	d comple	No cirve transet of Heat Statist	WAS MEDICAL EXAMINER NO (Specify Yes of Ab) 25 No No TOR TOWN STATE  21-2 Script of a alth Services. tics
	CC)  DUE TO, OR AS A CO  (C)  PART OTHER SIGNIFICA  (C)  ACCIDENT [Specify Yes or Ac)  266  INJURY AT WORK [Specify Yes or Ac)  260  RESERVED FOR REGISTRA  STATE OF  County of  This c  record  (SI	NSEQUENCE OF:  ONE OF INJURE  PLACE OF INJURE  PLACE OF INJURE  OREGON  Klamath  ertifies to f death  WITHOUT R.	AISED SEAL	to death but not relative to death t	DESCRIM 28d LOCATION 280	rect an ounty D	d comple	No cirve transet of Heat Statist	WAS MEDICAL EXAMINER NO (Specify Yes of Ab) 25 No No TOR TOWN STATE  21-2 Script of a alth Services. tics
STA	CE)  PART OTHER SIGNIFICA  (C)  PART OTHER SIGNIFICA  (C)  ACCIDENT (Specify Yes or Ab)  266  NULLY AT WORK (Specify Yes or Ab)  268  RESERVED FOR REGISTRA  STATE OF  County of  This c  record  (SI  NOT VALID  NOT VALID	NECONDITIONS COME AT A TOTAL CONTINUE SECONDITIONS COME AT A TOTAL CONTINUE SECONDITION COME SECONDITION CONTINUE SECONDITION CONTINUE SECONDITION CONTINUE	AISED SEAL	to death but not relative to death but not relative to death but not relative to the section of	DESCRI M 26d LOCATION 260	rect an punty D	d comple epartmen ar Vital	No city  ete tran  et of He  Statist  ceputy Ro	WAS MEDICAL EXAMINER NO (Specify Yes of Ab) 25 No No YOR TOWN STATE  21-2  Script of a alth Services.  tics  egistrar  VICES
STA	CO DUE TO, OR AS A CO  (c) THE SIGNIFICATION OF THE	PLACE OF INJURA 266  PLACE OF INJURA 266  PLACE OF INJURA 267  PLACE OF	hat the foon file will voice SEAL Y OF KLA	to death but not related to death but not related to the sectory.  Description of the sectory.  MATH; SS	DESCRI M 26d LOCATION 260	rect an punty D	d comple epartmen ar Vital	No city  ete tran  et of He  Statist  ceputy Ro	WAS MEDICAL EXAMINER NO (Specify Yes of Ab) 25 No No YOR TOWN STATE  21-2  Script of a alth Services.  tics  egistrar  VICES