Vol. M84 Page 154	
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	Local File Number		···				ile Number	
K A	DECEASED—NAME ED	First [TH	Middle VIOLA	LeFEVE	R		H (month, day, year) ber 11, 1981	2
TIONS E OOK	PACE White, Black, American Indian, etc. (specify)	SEX	AGE—Last birthday (years) 55		ar Under 1 day	DATE OF BIRT	f (month, day, year)	
	3 WILTE	4 Female	HER INSTITUTION	5b	OR INST Indicate DOA	COUNTY OF DE	14, 1927 ATH	
	_{7a} Klamath Falls		e street and gumber) EDICAL CE		parient[Secon]	_{7d} Klam		
	STATE OF BIRTH (If not in U.S.A. name country) Arkansas	CITIZEN OF WHAT COU	DEIRRAM YRTMI	NEVER MARRIED, DIVORCED (specify) F180	Harvey), WIDOWED)	WAS DECEDENT EVER IN ARMED FORCES? (Society)	U.S. 'es o' No]
OIN ON,	SOCIAL SECURITY NUMBER	- 				NESS OR INDUS	_12	
OOK Al	13 541-28-8229 RESIDENCE—STATE	of working life, e	CITY, TOWN, OR LO	CATION 1 STRE		emaking 50 20 97	501 Ioside City Limits	
EMS	1		15c Klamat	h Fall	708 Owens	St.	(specify yes or no)	
1	FATHER—NAME first middl	e tast MOTHE	R-Maiden Name	first middle	1		iship to deceased	
Ì	BURIAL CREMATION,	CEMETERY OR CREMATO	Mamie DRY—NAME		LOCATION	city or town	ver - Husbai	<u></u>
		₁₉₆ Klamath M			Kla⊓	math Fa	lls, Oregon	
~	FUNERAL SERVICE LICENSEE OF Per [Signature] (1) 201 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				St K1	amath F	alls, Oregon	1
	To the best of my knowledge, of due to the cause(s) stated						OUR OF DEATH	
- Page	To the best of my knowledge, of due to the cause(s) stated 21a [Signature] NAME AND ADDRESS OF CE	ATIFIER [Type or Print]	Dutt.	in Will	15-13	-82 la	12:30 P.,	<u>4</u>
	SE 21d Kennern L.	ווו , פוד.ד.דםי	0 2680	"C" Uhrma	nn Rd.	Klamat	h Falls, Ora	egon
l	NAME OF ATTENDING PHYSI	CIAN IF OTHER THAN CER	ITIFIER [<i>Type or Print</i>]					
:	DATE RECEIVED BY REGISTRAR LAN		REGISTRAR					
		5 1982	2b [Signature]	Elanda Fra FOR[A] [b] 4ND[c]]	new		=	
	PART	(ENTER ONLY)	ONE CAUSE PER LINE	FOR[a], [b], 4NO [c]	~		Interval between onset and	d death
	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE DUE TO, OR AS A CONSEQUENCE	E OF:	7	()	7	4-45°	Interval between onset are	1 death
500	DUE TO, OR AS A CONSEQUENCE	E OF:	m Br	ilmone	Jyrso	نعن	Internal Netween onset and	d death
	(c)							
	PART OTHER SIGNIFICANT CONDITI	ONS—Conditions contributions		oted to cause given in P		Sparwyres V	VAS MEDICAL EXAMINER N SDADA POS OF ADJ NO	OTIFIED
	ACCIDENT [Specify Ves or Ab] DATE	OF INJURY [Mo., Day, Yr.]	HOUR OF INJURY	DESCRIBE HO	W INJURY OCCURRED	i	15	
	PLACE 2Gb	OF INJURY At Frome, from	26c street, factory,	M 264	SHILLORIUD	NO CITY	OR TOWN STATE	
(26e 26l office be	alding, etc. [Secon)]		260				
ſ	RESERVED FOR REGISTRAR'S USE							
L	 							
							HS-2 (Rev. 1/80)
	STATE OF OREC	GON						
	County of Kla		. f	• -				
	record of	fies that the	e roregoing e with the	ιις a corre Klamath Cou	ect and comp inty Departm	lete tra ent of H	nscript of a ealth Services	; <u>.</u>
	- 1							
		•				1 C :	stics	
			MARIAN A	CKERMAN, Re	gistrar vit	ar Stati		
	(SEAL)	Harris Harris Land Co	MARTAN A	di kui	,		Registrar	
	(SEAL)	ing in	By Date	DEC 1 6 1	gistrar vit §82			-
		ingly Marin Marin	By <u>Sla</u> Date VOID IF ALT	DEC1 6 1	<u>.</u>	Deputy	Registrar	-
		ingly Marin Marin	By <u>Sla</u> Date VOID IF ALT	DEC1 6 1	<u>.</u>	Deputy	Registrar	
· · · · · · · · · · · · · · · · · · ·		ingly Marin Marin	By <u>Sla</u> Date VOID IF ALT	DEC1 6 1	<u>.</u>	Deputy		1601
	NOT VALIDOWIT	THOUT RAISED	By	DEC1 6 1 ERED KLAMATH CO	DEPT OF H	Deputy	Registrar	1601
	NOT VALID WIT - 3 1 2 7 STATE OF OREGO I hereby certi	N: COUNTY O	By	DEC1 6 1 ERED KLAMATH CO H:ss instrumen	DEPT OF H	Deputy EALTH SE	Registrar RVICES	
	NOT VALID WIT STATE OF OREGO I hereby certing record on the 2	N: COUNTY Of that the	By	DEC1 6 1 ERED KLAMATH CO H:ss instrumen	DEPT OF H	EALTH SE	Registrar RVICES RVICES AND KEON	c _M.
	NOT VALID WIT - 3 1 2 7 STATE OF OREGO I hereby certi	N: COUNTY Of that the	By	DEC1 6 1 ERED KLAMATH CO H:ss instrumen	DEPT OF H	EALTH SE	Registrar RVICES	c _M.
	NOT VALID WIT STATE OF OREGO I hereby certing record on the 2	N: COUNTY Of that the	By	DEC1 6 1 TERED KLAMATH CO	DEPT OF H	EALTH SE	Registrar RVICES AND KEON Ind filed for Endeltock in On page 1987	c _M.
	NOT VALID WIT STATE OF OREGO I hereby certing record on the 2	N: COUNTY Of that the	By	DEC1 6 1 TERED KLAMATH CO	t was rece. D., 10 w	EALTH SE	Registrar RVICES AND KEON Ind filed for Endeltock in On page 1987	c _M.