?	HEALTH DIVISION Iman Resources		CERTIFICATE OF	DP 4	Val MX	2/ D	4
TYPE	UGU		OUTTHICKIE OF	DEATH	VOI. MO	Page_	
OR PRINT IN FRMANENT	T 443	7	Vital Records Ur	rit			- Marketon
BLACK INK	Local File Numb			1-			
FOR	•	First	Middle Last		State OF DE	File Number ATH (month, day, year)	
FRUCTIONS SEE ANDBOOK	RACE White, Black, American Indian, etc. (specify)	AL I CE	MARCARET BRIN		2 Dec	ember 4,	
	White CITY, TOWN OR LOCATION OF DEAT	4 Female	(years)	1 year Under 1 de days hours me	UATE OF BIF	ITH (munth, day, year)	198
	78 Klamath Falls	HOSPITAL OR O	THER INSTITUTION NAME IF HE	SP OR INST Indicate DO	6 Jan	uary 19,	190
A STATE OF THE PARTY OF THE PAR	STATE OF BIRTH (If not in U.S.A., name country)	76 5050	Shasta Way		. Kla		
F DEATH	a Oregon	9 U.S.A.	JNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPEC) 10 Married	SPOUSE (IF MARR	(ED, WIDOWED)	WAS DECEDENT E	VER IN
	60CIAL SECURITY NUMBER 13 541 - 09 - 872	USUAL OCCUP	Tio Martied	- Lu Andr	CW SINESS OR INDUS	12	(Severy
PLETION OF ENCE ITEMS		-← 14a .)P	Cretary N				
		Klamath	CITY, TOWN, OR LOCATION ST Klamath Falls	REET AND NUMBER OR	R.F.D., ZIP 97	503 Inside City i	imits
	Robert Hall	last MOTHE	R-Maiden Name first middle	, 5050 Sh	asta wa	, 1-200,7 703	or no)
>=		EMETERY OR CREMATO	-	18 An	Tew Ar	nship to deceased	
031101 19 19	Ba Cremation I	eb Eternal H	ills Memorial C	LOCATION	city or town	state	ban
C. IS	UNERAL BERVICE LICENSEE OF Person Conducts Jo the best of my knowledge.	n Acting As Such NAN	ills Memorial Gar	den\$ _{19c} KI;	amath Fa	lls, Ores	gon
		(2) 1/2 200	WARD'S - 1945 Ma	in - Klama	th Fatt		
TIPER OF STATE	due to the cause(s) stated (21a Synature) NAME AND ADDRESS OF CERTI	OD I F	- 14.	SIGNED [Mb. Day, Yr.]	1 d 1 l	OUR OF DEATH	97
AUJER 8	NAME AND ADDRESS OF CERTI	FIEH Livou or Brieft	1210	1 1 > -	x -	10.15 5	`
[25 14	NAME OF ATTENDING PHYSICS	ne, ME / 90)5 Main, Suite 20	4 / Klama+	h E- ! !		
NOTIONS \ 8	21e	HIR CHER THAN CERTI	FIER [Type or Print]	, manal	u ralls	, Oregon	976
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PART	OTHER SIGNIFICANT CONDITIONS	-Conditions contributing to	o death but not minted to cause given in Pi			Interval between onse	t and de
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26e	261), etc. [Specify]	26g	STREET OR R.F.D. NO	CITY OR	TOWN STATE	
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	STATE OF OREGON						
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	(SEAL)	_	MARIAN ACKERMAN, Reg	istrar Vital	Statisti	cs	
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n ho:	(SEAL):	VOID	ate DEC 1	1983	enuty Reg	istrar	
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