TYPE OR PRINT	F	-		t/la			I. <u>M84</u> Pag	·
PERMANENT BLACK	k	33 ocal File Num	nhae	Vital	Records Unit			
INK POR	DECEASED NAME		First	Middle	i de distribui		State File Nurr	ber
SEE	RACE White, Black, A	MYF	RTLE	LOUISE	HARRIS		DATE OF DEATH (mone	, day, year)
HANDBOOK	3 White			AGE-Last birthd.	Under 1 year		2 January 30 DATE OF BIRTH (month	1984
	CITY, TOWN OR LOC		ATH HOSPITA	AL OR OTHER WAS	5b	5c	6 March 4. 1	
ECEDENT	78 Klamath	Falls	76 934	5 Front Street	OP/Emor , Rn	INST Indicate DOA 1. Inpatient [Specify]	COUNTY OF DEATH	200
F DEATH	8 Idaho			AL COUNTRY RUARRIED		POUSE (IF MARRIED.	7d Klamath	CEDENT EVE
HICCURRED IN HISTITUTION, T. CE HANDBOOK	SOCIAL SECURITY ME		9 U.S.A.	OCCUPATION (give kind of wing life, even if retired)		William M	ARMED	FORCES? [So
REGARDING  OMPLETION OF SIDENCE ITEMS	13 540-34-24 RESIDENCE-STATE		COUNTY 148	Home Maker		or south	ESS ON INDUSTRY	NO
$\rightarrow$	15a Oregon	1	ı <sub>5ь</sub> Klamath	CITY, TOWN, OR 'O		ND NUMBER OR R.F.	Home Owner	Inside City Lim
{		first midd	le last	15c Klamath	Falls 15d 935	Front Str	eet	(specify yes or
	/ EMIAL COTAGOS	omas - s		17 Elmira -	145	William William	ME and relationship to de	ceased
POSITION	REMOVAL MAUS. (spe	1	T-4			LOCATION	m M. Harris	- husba
	SOMETAL BERVICE LIC	CENSEE Or Por	rson Acting As Such	A Hills Memori	Al Gardens	19c K	lamath Falls	
2	1200	110 1	$()$ $\sim$ $\sim$ $\sim$ $\sim$ $\sim$	1 010	uneral Chapel  DATE SIGNED	.515 Dimo c		
3	due to the cause	e(s) stated	realin occurred at the		DATE SIGNED	[Mb. Day, Yr]	HOUR OF D	Falls,0
RTIFIER	NAME AND ADD	PRESS OF CER	RTIFIER Type or Prin	71)	216 01	-31 -84	21c 12	
		. Blake	Berven	2616 Clover	Street.	V1		
CONDITIONS	210			2616 Clover		Klamath Fa	lls,Oregon	97601
IF ANY WHICH GAVE RISE TO	DATE RECEIVED BY RE	GISTRAR (M)	. Day. Yr.]	REGISTRAR	-			
MMEDIATE	22	V 3 1 19	84	22b (Signature)	Tolumi 5	1	/	
MOERLYING	PART (a)	£	ENTER C	ONLY ONE CAUSE PER LINE F	09[8]. [0]. AND [C] ]	Lisner		
AUSE LAST	DUE TO, OR AS A CO	DNSEQUENCE		NTESTINA	hemorrha	ديمه ال	Interval b	ofween onset a
<b>-</b>	1 (6)	Drilas,		7	U		Interval b	UMIN otween onest a
Try Target		11/1/	4//6 1		1000		"KOTVE! D	aumaeu ouest w
USE 0:	DUE TO, OR AS A CO	DNSEQUENCE (	OF.	Con Brute	Caffe 11.om	-4	17	000
USE OF DEATH	(c)		· ·	And a second second second second second second	The same transfer of			PO) 0 5
DEATH	(c)		· ·	And a second second second second second second	The same transfer of		Interval to	
DEATH P.	ART OTHER SIGNIFICA	INT CONDITION	NS-Conditions contr	ributing to death but not related	The same transfer of	AUTOPSY (Special Autopsy)	Interval to	L EXAMINED
9. A P	(C)  ART OTHER SIGNIFICA  ACCIDENT   Specify Yes or	INT CONDITION	NS-Conditions contr	ributing to death but not related	The same transfer of	AUTOPSY [Special Autopsy   Special Autopsy   Spe	Interval by	L EXAMINED
5 6	(C)  ART OTHER SIGNIFICA  ACCIDENT   Specify Yes or  ACCIDENT   Specify Yes or  INJURY AT WORK   Specify Yes or Ac.	AD DATE OF	NS—Conditions contr	HOUR OF INJURY	to cause given in PART I (a  DESCRIBE HOW INJUI  M 26d	AUTOPSY (Special Autopsy) (24 NO	Interval by WAS MEDICA [Specify Yes of	EXAMINER P
5 6	(C)  ART OTHER SIGNIFICA  ACCIDENT   Specify Yes or  26a  [NURY AT WORK [Specify Yes or Ab]  266	AD DATE OF PLACE OF Office build	NS-Conditions contr	HOUR OF INJURY 26c lams, street, factory,	to cause given in PART I (a  DESCRIBE HOW INJUI  M 26d  LOCATION STE	AUTOPSY [Special Autopsy   Special Autopsy   Spe	Interval by WAS MEDICA [Specify Yes of	EXAMINER P
5 6	(C)  ART OTHER SIGNIFICA  ACCIDENT   Specify Yes or  ACCIDENT   Specify Yes or  INJURY AT WORK   Specify Yes or Ac.	AD DATE OF PLACE OF Office build	NS—Conditions contr	HOUR OF INJURY 26c lams, street, factory,	to cause given in PART I (a  DESCRIBE HOW INJUI  M 26d	AUTOPSY (Special Autopsy) (24 NO	Interval to If Yes WAS MEDICA I Specify Yes of 25	L EXAMINER P
5 6	(C)  ART OTHER SIGNIFICA  ACCIDENT   Specify Yes or  26a  [NURY AT WORK [Specify Yes or Ab]  266	AD DATE OF PLACE OF Office build	NS—Conditions contr	HOUR OF INJURY 26c lams, street, factory,	to cause given in PART I (a  DESCRIBE HOW INJUI  M 26d  LOCATION STE	AUTOPSY (Special Autopsy) (24 NO	Interval to If Yes WAS MEDICA I Specify Yes of 25	L EXAMINER P
5 6	(C)  ART OTHER SIGNIFICA  ACCIDENT   Specify Yes or  26a  [NURY AT WORK [Specify Yes or Ab]  266	AD DATE OF PLACE OF Office build	NS—Conditions contr	HOUR OF INJURY 26c lams, street, factory,	to cause given in PART I (a  DESCRIBE HOW INJUI  M 26d  LOCATION STE	AUTOPSY (Special Autopsy) (24 NO	Interval to If Yes WAS MEDICA I Specify Yes of 25	L EXAMINER P
5 6	(C)  ART OTHER SIGNIFICA  ACCIDENT   Specify Yes or  26a  [NURY AT WORK [Specify Yes or Ab]  266	AD DATE OF PLACE OF Office build	NS—Conditions contr	HOUR OF INJURY 26c lams, street, factory,	to cause given in PART I (a  DESCRIBE HOW INJUI  M 26d  LOCATION STE	AUTOPSY (Special Autopsy) (24 NO	Interval to If Yes WAS MEDICA I Specify Yes of 25	L EXAMINER P
5 6	(c)  ART OTHER SIGNIFICA  ACCIDENT   Specify Yes or  26a  INJURY AT WORK   Specify Yes or Ab]  26e  RESERVED FOR REGISTRU	AR'S USE	NS—Conditions contr	HOUR OF INJURY 26c lams, street, factory,	to cause given in PART I (a  DESCRIBE HOW INJUI  M 26d  LOCATION STE	AUTOPSY (Special Autopsy) (24 NO	Interval to If Yes WAS MEDICA I Specify Yes of 25	L EXAMINER P
5 6	(C)  ART OTHER SIGNIFICA  ACCIDENT   Specify Yes or  26a  INJURY AT WORK   Specify Yes or Ab]  26c  RESERVED FOR REGISTRA  STATE OF C	AR'S USE	NS—Conditions control FINJURY [Ab., Day, INJURY—At home, 1 ing, etc. [Specify]	HOUR OF INJURY 26c lams, street, factory,	to cause given in PART I (a  DESCRIBE HOW INJUI  M 26d  LOCATION STE	AUTOPSY (Special Autopsy) (24 NO	Interval to If Yes WAS MEDICA I Specify Yes of 25	L EXAMINER IN NO STATE
5 6	(c)  ART OTHER SIGNIFICA  ACCIDENT   Specify Yes or  26a  INJURY AT WORK   Specify Yes or Ab]  26c  RESERVED FOR REGISTRU  STATE OF C  County of	DATE OF 26b PLACE OF office build 26f  AR'S USE  OREGON Klamath	NS—Conditions control FINJURY [Ab., Day, INJURY—At home, 1 ing, etc [Specify]	HOUR OF INJURY 26c farm, street, factory,	DESCRIBE HOW INJUI M 26d LOCATION STE	AUTOPSY (Speci or Ab) 24 NO RY OCCURRED	Interval to If Yes WAS MEDICA ISpecify Yes of 25  CITY OR TOWN	L EXAMINER PARTIES NO
5 6	ACCIDENT   Specify Yes or 25a INJURY AT WORK   Specify Yes or Ab] 25c   STATE OF COUNTY OF This ce	DATE OF 26b PLACE OF office build 26f  AR'S USE  OREGON Klamath	NS—Conditions control FINJURY [Ab., Day, INJURY—At home, t ing, etc [Specify]	HOUR OF INJURY 26c larm, street, factory.	DESCRIBE HOW INJUI M 26d LOCATION STE	AUTOPSY (Speci or Ab) 24 NO RY OCCURRED	Interval to If Yes WAS MEDICA ISpecify Yes of 25  CITY OR TOWN	L EXAMINER PARTIES NO
5 6	ACCIDENT   Specify Yes or 25a INJURY AT WORK   Specify Yes or Ab] 25c   STATE OF COUNTY OF This ce	DATE OF 26b PLACE OF office build 26f  AR'S USE  OREGON Klamath	NS—Conditions control FINJURY [Ab., Day, INJURY—At home, t ing, etc [Specify]	HOUR OF INJURY 26c larm, street, factory.	DESCRIBE HOW INJUI M 26d LOCATION STE	AUTOPSY (Speci or Ab) 24 NO RY OCCURRED	Interval to If Yes WAS MEDICA ISpecify Yes of 25  CITY OR TOWN	L EXAMINER PARTIES NO
5 6	ACCIDENT   Specify Yes or 25a INJURY AT WORK   Specify Yes or Ab] 25c   STATE OF COUNTY OF This ce	DATE OF 26b PLACE OF office build 26f  AR'S USE  OREGON Klamath	NS—Conditions control FINJURY [Ab., Day, INJURY—At home, t ing, etc [Specify]	HOUR OF INJURY 26c farm, street, factory.  foregoing is with the Klam	DESCRIBE HOW INJUING A CORRECT AND A COUNTY DE	AUTOPSY (Special Autops	city on town  transcript of Health Ser	L EXAMINER PARTIES NO
5 6	ACCIDENT   Specify Yes or 25a INJURY AT WORK   Specify Yes or Ab] 25c   STATE OF COUNTY OF This ce	DATE OF 26b PLACE OF office build 26f  AR'S USE  OREGON Klamath	NS—Conditions control FINJURY [Ab., Day, INJURY—At home, t ing, etc [Specify]	HOUR OF INJURY 26c farm, street, factory.  foregoing is with the Klam	DESCRIBE HOW INJUI M 26d LOCATION STE	AUTOPSY (Special Autops	city on town  transcript of Health Ser	L EXAMINER PARTIES NO
5 6	ACCIDENT   Specify Yes or 25a INJURY AT WORK   Specify Yes or Ab] 25c   STATE OF COUNTY OF This ce	DATE OF 26b PLACE OF office build 26f  AR'S USE  OREGON Klamath	NS—Conditions control FINJURY [Ab., Day, INJURY—At home, t ing, etc [Specify]	foregoing is with the Klam  MARIAN ACKER	DESCRIBE HOW INJUING A CORRECT AND A COUNTY DE	Complete partment of	was MEDICA (Specify Yes of 25)  CITY OR TOWN  transcript of Health Ser	LEXAMINER POR NO STATE
5 6	ACCIDENT   Specify Yes or 25a INJURY AT WORK   Specify Yes or Ab] 25c   STATE OF COUNTY OF This ce	DATE OF 26b PLACE OF office build 26f  AR'S USE  OREGON Klamath	INJURY [Ab., Day. INJURY—At home, the state of that the that the that the control of the state o	foregoing is with the Klam  MARIAN ACKER  By Arkets  Date	DESCRIBE HOW INJUING A CORRECT AND A COUNTY DE	Complete partment of	city on town  transcript of Health Ser	LEXAMINER POR NO STATE
DEATH  5. 6.	ACCIDENT   Specify Yes or  ACCIDENT   Specify Ye	PLACE OF Office build 261  ARTS USE  OREGON  Klamath  ertifies	INJURY [Ab. Day.  INJURY—At home. the fing. etc. [Specify]  that the hon file	foregoing is with the Klam  MARIAN ACKER  By Date  OID IF ALTERED	DESCRIBE HOW INJUI M 26d LOCATION STE 260  a correct and ath County De MAN, Registra:	Complete partment of Vital Sta	CITY OR TOWN  transcript of Health Ser  atistics  y Registrar	LEXAMINER POR NO STATE
DEATH  5	ACCIDENT   Specify Yes or 226a   INJURY AT WORK   Specify Yes or Ab) 286   STATE OF COunty of This ce record   (SE	DATE OF 286 PLACE OF Office build 287 AR'S USE	INJURY [AD. Day. INJURY—At home, thing, etc. [Specify]  That the chon file	foregoing is with the Klam  MARIAN ACKER  By Date  DID IF ALTERED	DESCRIBE HOW INJUI M 26d LOCATION STE 260  a correct and ath County De MAN, Registra:	Complete partment of Vital Sta	CITY OR TOWN  transcript of Health Ser  atistics  y Registrar	LEXAMINER POR NO STATE
DEATH  5	ACCIDENT   Specify Yes or 226a   INJURY AT WORK   Specify Yes or Ab) 286   STATE OF COunty of This ce record   (SE	DATE OF 286 PLACE OF Office build 287 AR'S USE	INJURY [AD. Day. INJURY—At home, thing, etc. [Specify]  That the chon file	foregoing is with the Klam  MARIAN ACKER  By Date  DID IF ALTERED	DESCRIBE HOW INJUI M 26d LOCATION STE 260  a correct and ath County De MAN, Registra:	Complete partment of Vital Sta	CITY OR TOWN  transcript of Health Ser  atistics  y Registrar	LEXAMINER POR NO STATE
EATH  S. C. Lu  S. C. Lu	ACCIDENT   Specify Yes or 200   Specify Yes or ACCIDENT   STATE OF COUNTY OF This ce record   STATE   Specify Yes or ACCIDENT   STATE   STATE	OREGON Klamathertifies Officeat	INJURY [M. Day.  INJURY—At home, the on file  RAISED SI	foregoing is with the Klam  MARIAN ACKER  By Date  DID IF ALTERED  EAL OF THE KLAM  Le, JC	DESCRIBE HOW INJUI M 26d LOCATION STE 260  a correct and ath County De MAN, Registra:	Complete partment of Vital Sta	CITY OR TOWN  transcript of Health Ser  atistics  y Registrar	LEXAMINER POR NO STATE
STA	ACCIDENT   Specify Yes or 2008  ACCIDENT   Specify Yes or 2008  INJURY AT WORK   Specify Yes or Ab) 200  STATE OF OR REGISTRA  NOT VALID  NOT VALID  NOT VALID	OREGON Klamathertifies Officeat	INJURY [M. Day.  INJURY—At home, the control of that the chart on file  V(  RAISED SI	foregoing is with the Klam  MARIAN ACKER  By Date  DID IF ALTERED  EAL OF THE KLAM  Le, JC.	DESCRIBE HOW INJUING A COTTECT and ath County De MAN, Registra	complete partment of Vital Sta	city on town  transcript of Health Ser  atistics  y Registrar  SERVICES	LEXAMINER POR NO STATE
STATI	ACCIDENT   Specify Yes or 2008 INJURY AT WORK   Specify Yes or Ab) 2008 RESERVED FOR REGISTRA  STATE OF OCUMENT   Specify Yes or Ab) 2008  RESERVED FOR REGISTRA  (SE  NOT VALID	OREGON Klamath Tifies Off deat	INJURY [MD. Cay. INJURY—At home. to that the ch on file  V(  RAISED SI  UNTY OF	foregoing is with the Klam  MARIAN ACKER  By Date  OID IF ALTERED  EAL OF THE KLAM  Le, JC  KLAMATH: SS	DESCRIBE HOW INJUING A COTTECT and ath County De MAN, Registra	COMPLET OF HEALTH	CITY OR TOWN  Transcript of Health Ser  Atistics  SERVICES	LEXAMINER POR NO STATE  The state of the sta
STATI	ACCIDENT   Specify Yes or 2008 INJURY AT WORK   Specify Yes or Ab) 2008 RESERVED FOR REGISTRA  STATE OF OCUMENT   Specify Yes or Ab) 2008  RESERVED FOR REGISTRA  (SE  NOT VALID	OREGON Klamath Tifies Off deat	INJURY [MD. Cay. INJURY—At home. to that the ch on file  V(  RAISED SI  UNTY OF	foregoing is with the Klam  MARIAN ACKER  By Date  OID IF ALTERED  EAL OF THE KLAM  Le, JC  KLAMATH: SS	DESCRIBE HOW INJUING A COTTECT and ath County De MAN, Registra	COMPLET OF HEALTH	CITY OR TOWN  Transcript of Health Ser  Atistics  SERVICES	LEXAMINER POR NO STATE  The state of the sta
STATI	ACCIDENT   Specify Yes or 2008 INJURY AT WORK   Specify Yes or Ab) 2008 RESERVED FOR REGISTRA  STATE OF OCUMENT   Specify Yes or Ab) 2008  RESERVED FOR REGISTRA  (SE  NOT VALID	OREGON Klamath Tifies Off deat	INJURY [MD. Cay. INJURY—At home. to that the ch on file  V(  RAISED SI  UNTY OF	foregoing is with the Klam  MARIAN ACKER  By Date  OID IF ALTERED  EAL OF THE KLAM  Le, JC  KLAMATH: SS	DESCRIBE HOW INJUING A COTTECT and ath County De MAN, Registra	complete partment of Vital Sta	CITY OR TOWN  transcript of Health Ser  atistics  y Registrar  SERVICES	For M.
STATI	ACCIDENT   Specify Yes or 2008 INJURY AT WORK   Specify Yes or Ab) 2008 RESERVED FOR REGISTRA  STATE OF OCUMENT   Specify Yes or Ab) 2008  RESERVED FOR REGISTRA  (SE  NOT VALID	OREGON Klamath Tifies Off deat	INJURY [MD. Cay. INJURY—At home. to that the ch on file  V(  RAISED SI  UNTY OF	foregoing is with the Klam  MARIAN ACKER  By artitle  Date DID IF ALTERED  EAL OF THE KLAM  Le, DC  KLAMATH:ss ithin instructions  February  H, Of I	DESCRIBE HOW INJUING A.D., 129 Deeds	complete partment of Vital Star OF HEALTH	transcript of Health Ser stistics  SERVICES  and filed of clock on page 25	For M.
STA I he receand	ACCIDENT   Specify Yes or 2008 INJURY AT WORK   Specify Yes or Ab) 2008 RESERVED FOR REGISTRA  STATE OF OCUMENT   Specify Yes or Ab) 2008  RESERVED FOR REGISTRA  (SE  NOT VALID	OREGON Klamath Tifies Off deat	INJURY [MD. Cay. INJURY—At home. to that the ch on file  V(  RAISED SI  UNTY OF	foregoing is with the Klam  MARIAN ACKER  By artitle  Date DID IF ALTERED  EAL OF THE KLAM  Le, DC  KLAMATH:ss ithin instructions  February  H, Of I	DESCRIBE HOW INJUING A.D., 129 Deeds	complete partment of Vital Star OF HEALTH	transcript of Health Ser stistics  SERVICES  and filed of clock on page 25	For M.
STATI	ACCIDENT   Specify Yes or 2008 INJURY AT WORK   Specify Yes or Ab) 2008 RESERVED FOR REGISTRA  STATE OF OCUMENT   Specify Yes or Ab) 2008  RESERVED FOR REGISTRA  (SE  NOT VALID	OREGON Klamath Tifies Off deat	INJURY [MD. Cay. INJURY—At home. to that the ch on file  V(  RAISED SI  UNTY OF	foregoing is with the Klam  MARIAN ACKER  By artitle  Date DID IF ALTERED  EAL OF THE KLAM  Le, DC  KLAMATH:ss ithin instructions  February  H, Of I	DESCRIBE HOW INJUING A COTTECT and ath County De MAN, Registra	complete partment of Vital Star OF HEALTH	transcript of Health Ser stistics  SERVICES  and filed of clock on page 25	For M.