TYPE	36158		UNEGON STATE	OF OREGON HEALTH DIVIGE	vov. Vol. 1	1011
PRINT IN ANENT ACK	99 Local File		Vitel Re	COMP HOW	JRCES	M84 Page 721
OR JCTIONS		First DOROTHE	CERTIFICA:	Last		State File Number E OF DEATH (month, day, year)
ACC MOOK	RACE White, Black American in etc (specify)  3 White CITY, TOWN OR LOCATION OF	dan SEX	AGE—Last birthday (years)	WORLEY Under 1 year mos Gres	2 N	March 22, 1984
	Na Klamath Falls	HOSPITAL OF	5a 66 OTHER INSTITUTION NAME give street and number)	50	5c 6 J	une 15. 1917
DENT Alti PED IN	name country)  B Oregon  SOCIAL SECURITY NUMBER	9 11 S A	WIDOWED, DIV	ORCED (Specify)	Originer Rm troaters 72 Inpatien Ouse (IF MARRIED WIDO	t 7d Viene
UTION VOBCOK POING TION OF	13 543-09-8681 RESIDENCE-STATE	of working life	UPATION (give kind of work do e. even if refired) Ome Maker	ied   11 ne during most	William C.Wo	ARESED FORCEB? [Specif Yes or
₹ mems →	COUNTY COUNTY 14b OWN HOME 15b CHARACTE 15b Klamath 15c Klamath 15					
		ePourtalis	Merch 1	IIs 15d 230 ast (Maroen Name)	Greenspring	IS Drive (specify yes o
NOITIE	19a Burial FUNERAL SERVICE LICENSEE OF	CEMETERY OR CREMAT	Memorial Davi		18 William C.	Worley - buck-
6	20a lerrich		AND ADDRESS OF FACI		19c	Klamath Falls,Oregon
Emple Services	9 t Lia Dignature 19	je, death occurred at the time, o	tO'Hair's Funer date and place and		15 Pine St.	Klamath Falls Ore 976
	NAME AND ADDRESS OF	CERTIFIER (Type or Print)  DEFTEY MAYX  VSICIAN IF OTHER THAN CERT	2614.02	216 3	De 184	21c 11:25 A. M
—ITIONS ANY	21e DATE RECEIVED BY REGISTRAD	SICIAN IF OTHER THAN CERT	7614 Clover	itreet	Klamath Fall	s.Oregon 97601
USE /2	DATE RECEIVED BY REGISTRAR L 22a MAR 2 6 1 23 IMMEDIATE CAUSE	22	EGISTRAR			
	DUE TO, OR AS A CONSEDUENCE	LENTER ONLY O	NE CAUSE PER LINE FOR (	IOI, AND (c).	Theman	Interval between onset and death
	CONSEQUENC	CE OF:	LI	<u> </u>		Interval between onset and death
OE I	(c)	CE OF:	neari	Dices		Interval between onset and death
II AC	RT OTHER SIGNIFICANT CONDITI	ONS—Conditions contributing	to death but not related to cau	se given in PART I (a)	AUTOPSY [Specify Yes or No]	WAS MEDICAL EVALUACIO
26:	260		HOUR OF INJURY DE	SCRIBE HOW INJURY	37	[Specify Yes or No] 25 NO
26e		OF INJURY—At home, farm, stre illding; etc. [Specify]			TORRED NO CI	TY OR TOWN STATE
	SCHOOL NEW PROPERTY.		360			
		ORIG	INAL - VITAL STAT	ISTICS COPY		
						45-2 REV. 12-83
	STATE OF OREC	JON				
	This chiri	fice that	foregoing is a	Correct an	d	-
	ી જો				chartment of	Health Services
K	(SEAE)	O 3	MARIAN ACKERMA	W, Registra	ar Vital Stat	istics
,0	14.9		By Date		A - / Depute	
Ĺ	NOT VALID WIT		ID IF ALTERED			<del></del>
		HOUT RAISED SEA	L OF THE KLAMA	TH CO. DEPT	OF HEALTH SI	ERVICES
STATE O	F OREGON: COU	NTY OF KLAMA'	mı		i. De light i	
record	On the 1st	the Within	instrument w	as receiv	ed and file	ed for
and dury	y recorded in v	/olM84_of_	Deeds A.	D., 19 <u>84</u>	_a ( <u></u>	ed for D'clock P M, age 7248
Fee: \$	,		E	VELYN BIE	IN, COUNTY	
	4.00		by	1: Par a	1 - 01	
GOUTH! A	William C. Worl	.ey 2304 Gr	eensprings ]	or., Klama	th Falls.	Oregon 97601