1 Section Col	TE HEALTH DIVISION	387	מאי		No. of the Park of		4.2.2.	
TYPE R PRINT	Fluman Resources		30 78	4 JUCERTIFICA	TE GF D	EATH V	o1.mgd _	
M MANENT BLACK INK		19 File Number Firs	7	Vital Re	cords Uni	Γ	ol. Mgd Pag	ge 11767
FOR RUCTIONS SEE	PACE White, Black, America	DENT	JAMIN SEX	Middle FRANKLIN	Last HERRI		State File N	lumber onth, day, year)
MDBOOK	etc. (epecify) 3 White CITY, TOWN OR LOCATION	ł	₄ Male	(years)	Under 1	year Under 1 day	2 Novembe	r 18, 1987
Commen	7a Klamath Fa	alls	T- Mi+ t	R OTHER INSTITUTION NAM T, give street and number) I EW Care Cen	OPER	P. Off INST, Indicate DOA	le Februar	y 27, 1893
CEATH CURRED IN	8 North Dako	1 to	II S A	MIDOWED, DIV	ORCED (Specific	SPOUSE (IF MARRI	70 Klama	th
HANDBOOK GARDING PLETION OF	13 538-01-679 RESIDENCE-STATE	6	of working life	10 Marri CUPATION (Give kind of work do e. eyen if refired) tired - Farm	ne during most	II Edna	INESS OR INDUSTRY	No.
OICE ITEMS	15a Oregon	1 300,11	lamath	CITY, TOWN, OR LOCATIO	er ON STRE	146 Agr	iculture	}r
	Vis John F	middle	lasi MOT	15c Merrill HER-Maiden Name first	middle	O Box 121	NAME and relationship to	(specify yes or no)
S OSITION	REMOVAL MAUS (specify) 19a Burial	CEME	TERY OR CREMA	Nellie Sper	rry	18 Edna	Herrick -	Wife
1	Signature 20a 2 Con 2 Const Zouthe Dest of my know	Or Person Ac	ling As Such A	Hills Mem. (ardens	19c K1	amath Fall:	state S, Oregon
E 2	Z To the best of my know	viedoe doub oo	7 3	<u> </u>	45 Main	1 St P	(lamath Fa)	lls, Ore
311111-1	F.~ 2	CERTIFIER	Livre or Dulin		1216/1/	Overly ?	HOUR OF	DEATH
=	MAME OF ATTENDING	PHYSICIAN IF	UTY _MD	2300 Clai	rmont	Klamath	Falls, Ore	P. M
IF ANY THICH GAVE CORISE TO	DATE RECEIVED BY REGISTR	IAR IAD. Day	-	REGISTRAR	Tables Ingels		, UI.6	ROU
MMEDIATE	22a NUV 2]	<u>L 1983</u>	2	26 [Signature]	Lucie	E ains	K	
DERLYING PAI	RT (a) DUE: TO: OR AS A CONSEO	UENCE ODA	LENIEHOWLY	ONE CAUSE PER LINE FOR (a), ([b]. AND [c]]			between onset and death
Vice of	DUE TO, OR AS A CONSEQU	0						between onset and death
USE OF ((c)							
4	TOTHER SIGNIFICANT CON	NDITIONS—Con	ditions contributing	to death but not related to cause	O Carro - CACT		1	between onset and death
- 1 - -	000				O BIVETI IN PART	(a) AUTOPSY (Soc	CAN YES WAS ALTONO	
5 ACI	NO	ATE OF INJURY	[Mo. Day. Yr.]			or No	Specify Yes	AL EXAMINER NOTIFIED OF AD I
5 ACC	CIDENT [Specify Yes or Ab] D NO 26 URY AT WORK PLA ortic ortic	DATE OF INJURY	(Mo. Day. Yr.)	HOUR OF INJURY DE	SCRIBE HOW IN	24 NO	Specify Yes 25	AL EXAMINER NOTIFIED O/ A6] # NO
5	NO 26 URY AT WORK PLA	ATE OF INJURY 6b CE OF INJURY 6 building, etc	(Mo. Day. Yr.)	HOUR OF INJURY DE	SCRIBE HOW IN	or No	CITY OR TOWN	AL EXAMINER NOTIFIED OF AU NO STATE
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