OREGON STATE HEALTH DIVISION VOL M (U)

,Deputy

| DECEASED NAME | First | | Middle | | Last | RTH | | File Number | |
|--|--|---|---|--|------------------------------|---|--|---|--|
| | JOHN | | M. | CI./ | URK | | | MM (month, day, ye iber 4, 19 | |
| ACE White, Black, Americ ic (specify) White | | Mele Mele | AQE- (years) | Last birthday | Under 1 year | | DATE OF BIRT | TH (month, day, yea | Br) |
| TTY, TOWN OR LOCATIO | ON OF DEATH | Male HOSPITAL OF | 5a IR OTHER LIMS | 51 | 5b | 5c | Novem | ber 7, 19 | |
| Klamath Fal | ls | 75 737° | North | 9th Street | | IF HOSP, OR OP/Emer, Rr | INST. Indicate DOA. m , Inpatient [Specify] | COUNTY OF DE | |
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| LOBIO COCIAL SECURITY NUMB | 9 SER | U.S.A. | CUPATION (g | is bind of und done | during most | | Tillman | ARMED FORCES | \$? Specify res or . |
| 13 543-32-1362 | | 14a AI | DJC Mec | hani.c | | 14b U. | S. Navy | ITRY | |
| residence—state 15:Oregon | COUNT | v amath | | OWN, OR LOCATION | | T AND NUMBER O | A R.F.D., 21P | | Inside City Lir (specify yes o |
| FATHER-NAME first | t middle | last MO | THER-first | amath Fall | t (Maiden Na | 7 North | oth Street | 97601 | (specify yes o |
| 16 Frank Jeffe | | rk 17. | Audrey | Marie Log | | , Eldo | nna Clark | , wife | |
| BURIAL, CREMATION, REMOVAL, MAUS. (specify 19a BUTTLAL | γ) · Ι | tery or crem | 19 | _{ME} emorial Ga | 1 | | LOCATION | city or town | state |
| FUNERAL SERVICE LICEN Signature | MSEE Or Pe Son Ac | Hog As Such | NAME AND | ADDRESS OF FACIL | Daver | nort's Cr | apel of El | th Falls, | henhand |
| 20a Dan | l. havei | De V | 120m 042C | o south Si | xtn Stre | eet, Klama | th Falls. | Oregon 9 | 7603-719 |
| of the best of my kind the to the cause(s) | | copred at the tim | ne, date and pl | lace and | DATE SIG | NED [Mo. Day Yr] | l l | HOUR OF DEATH | |
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| | T. Sagnus | kv. MD. | 2300 CT | lairmont, | Klamath | Falls. Or | egon 9760 | ∩1 | |
| NAME OF ATTEND | ING PHYSICIAN IF | OTHER THAN C | CERTIFIER Ty | pe or Print] | | | <u> </u> | | |
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| 22a NO | V 6 198 | | 220 (Signal | · | Luis & | . // | ٠,٧ | | |
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| DUE TO, OR AS A CON | ISEQUENCE OF: | | | | <u>tang</u> Kanggan | | | Interval between | onset and deat |
| (c) ART OTHER SIGNIFICANT | | Conditions contrib | outing to death | but not related to ca | use given in PAR | Ti(a) AUTOPS | Y [Specify Yes W | VAS MEDICAL EXA | |
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| (c) ART OTHER SIGNIFICANT ACCIDENT [Specify Yes or A | IT CONDITIONS C | | が.] HOUR C | OF INJURY (| DESCRIBE HOW | or Ab] | No 15 | VAS MEDICAL EXA | MINER NOTIFIE |
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