Ţ	416		1			cords Unit TE OF DE/	ATH .		State Fi	ile Number	
	Local File Num			CERTIFICATE OF DEATH				- 16	DATE OF DEATH (month, day, year)		
DECEASED-N	IAME	First		MARGARET BRIDGE				2	Noveml	ber 9, 1	984
)	lack, American Indian	AUDRE	<u>Y</u>	AGE-	Last birthday	Under 1 ye	ar Under		DATE OF BIRTH	H (month, day, ye	arı
tc (specify)	j 9	٠ ١, ١	Female	(years) 5a	59	5b	5c	- CO 1157	Augus Indicate DOA.	t 14, 19	25
Whi	R LOCATION OF DE		HOSPITAL OR (If not in either,	OTHER INST	TITUTION NAI	ME	OP/Em	er, Rm, Inpa	atient [Specify]		
	ath Falls	13	_{7ь Merle}	West	Modical	Center	7c I	npati	ent	7d Klam WAS DECEDED ARMED FORCE	AT EVER IN U.S
STATE OF BIR	MTH (If not in USA	CITIZE	N OF WHAT C	OUNTRY	WIDOWED, D	NAOUCED (Specify)			Bridge		
name country) 8 Mont	ana	9	U.S.A	HIDATION (O	10 Marr	ied done during most	KIND	OF BUSIN	ESS OR INDUS		
	RITY NUMBER		of working lif	e, even it reti	rea)		14b	0wn.s	Home		Inside City
13 517-	22-8534	COUNTY	14a H	lome Ma	OWN, OR LOCA	TION STRE	ET AND NUME	SER OR A.F	D., ZIP9	7601	(specify ye
		15p K	lamath	15c K]	amath F	<u> </u>	2344 Ur	nion S	treet	onship to decease	15e Ye
15a Ore	ME first m		ast MO	THER-first	middle	last (Maiden				idge – hu	
	; M	iuh1ho1	1and ,,	Mar	garet -	Green	18	Jonard	LOCATION	city or town	state
DUDIAL COS	MATION. LAUS. (specify)	CEMET	ERY OR CREM			Sorvice			19c Kla	math Fal	lls, Ore
Cron	nation	19b			ADDRESS OF	Service FACILITY					
Signature	ERVICE LICENSEE O	1011	1 AS 3001	O'H	air's Fu	meral Cha	pe1,515	Pine	St.,Kla	amath Fa	lls,Ore.
200	ne best of my knowled	ine death oc	curred at the fir	me, date and	place and	DATE	SIGNED IMO.	Day, Yr]		!	
4 due	to the canacias areco	Mos	eld R	Llai	tmenr	216	11/	12/8	7	21c 6:10	r. w
Desert of 21a NAW	(Signature)	FCERTIFIER	Type or Print			-		,	1	Falls, O	regon Q7
5 O X	D-s Co	-014 P	Hartm	ann	2604	4 Clover S	treet	K	lamath	rails, o	regon J.
CERTIFICACION STATEMENT OF THE PARTY OF THE	ME OF ATTENDING P	HYSICIAN IF	OTHER THAN	CERTIFIER	[Type or Print]						
								0			
\				I DECICT	DAO :						
DATE REC	EIVED BY REGISTRA	100 A	77]	REGIST	•	Lebour	مح	liai	undo		
22a	NOV 13	1984		22b (Se	gnature K	CATALLIAN F FOR (a), (b), AND	اداءا	lia	undo	Interval be	tween onset and
22a 23 IMME	EIVED BY REGISTRA	1984	IENTER O	22b (Se	gnature P	E FOR (a), (b), ANQ	Icl.)	tu	moc	5	3410
22a 23 IMME PART ₍₂₎	NOV 13	1984 urre	IENTER O	22b (Se	gnature P	ardeux FOR (a), (b), AND malegn	Icl.)	tu	moc	5	tween onset and 3 440 tween onset and
22a 23 IMME PART (8) DUE TO	NOV 13	1984 urre	IENTER O	22b (Se	gnature P	E FOR (a), (b), ANQ	Icl.)	tu	moc moc	Interval be	3 410 Hwelen onset and
22a IMME PART(8) DUE TO	NOV 13	USCE OF:	IENTER O	22b (Se	gnature P	E FOR (a), (b), ANQ	Icl.)	tu	moc	Interval be	3410
22a 23 IMME PART (a) DUE TO	NOV 13 DIATE CAUSE D. OR AS A CONSECUTION OF	UCCE OF:	LENTER O	220 (Signal Y ONE C.	gnature PAN AUSE PER LINI	e FOR (a), (b), ANQ malign	161.1 ant	tu	unds unds	Interval be	Hugen onset and stween onset and
22a 23 IMME PART(a) DUE TO	NOV 13	UCCE OF:	LENTER O	220 (Signal Y ONE C.	gnature PAN AUSE PER LINI	e FOR (a), (b), ANQ malign	161.1 ant	tu tu		Interval be Interval be Interval be Interval be Interval be Interval be	Hugen onset and stween onset and
22a 23 IMME PART (a) DUE TO (c) PART OTH II	EIVER BY GEGISTAN EDIATE CAUSE D. OR AS A CONSECU- O, OR AS A CONSECU- HER SIGNIFICANT CO	WY JUENCE OF:	(ENTER C	226 (Signal Y ONE C.)	gnature F	E FOR (a), (b), ANQ MALLYN Intelligent	161.1 ant	or Nb]	No	Interval be	theor onset and the environment of the environment
22a 23 IMME PART (a) DUE TO (c) PART OTH II	NOV 13 DIATE CAUSE D. OR AS A CONSECUTION OF	WY JUENCE OF:	(ENTER C	22b (Signal Y ONE C.) OVEL Intributing to c.	AUSE PER LINE AUSE PER LINE death bul not rel DUR OF INJURY	E FOR (a), (b), ANQ MOLLYM inted to cause given	in PART I (a)	OCCURRE	No_	Interval be Interv	S MVS etween onset and etween onset and L EXAMINER N or Ab) NO
22a 23 IMME PART (a) DUE TO (b) DUE TO (c) PART OTI ACCIDENT	EIVED BY GEGISTRA ON 13 BOATE CAUSE CO. OR AS A CONSECUTION OF AS	MULTIONS- DATE OF IN	Conditions co	220 (Sy DNLY ONE C. DV-RV	AUSE PER LINE AUSE PER LINE death but not ref	E FOR (a), (b), ANQ MALLYN Intelligent	in PART I (a)	or Nb]	No_	Interval be Interval be Interval be Interval be Interval be Interval be	theor onset and the environment of the environment
22a 23 IMME PART (a) DUE TO (b) DUE TO (c) PART OTH II ACCIDENT	EIVED BY GEGISTRA DIATE CAUSE D. OR AS A CONSECT O, OR AS A CONSECT HER SIGNIFICANT CO	ULENCE OF: JUENCE OF: DATE OF IN 26b PLACE OF IN Mice building	(ENTER C	220 (Sy DNLY ONE C. DV-RV	AUSE PER LINE AUSE PER LINE death but not ref	E FOR (a), (b), ANQ MULLIAN Intel to cause given DESCRIBE M 26d	in PART I (a)	OCCURRE	No_	Interval be Interv	S MVS etween onset and etween onset and L EXAMINER N or Ab) NO
22a 23 IMME PART (a) DUE TO (c) PART OTI ACCIDENT 25a INJURY AT (Specify 19 26e	DATE CAUSE DIATE CAUSE DO OR AS A CONSECTION OF OR AS A CONSECTION	ULL OF INDICE OF	Conditions co	220 (Sy DNLY ONE C. DV-RV	AUSE PER LINE AUSE PER LINE death but not ref	iated to cause given DESCRIBE M 26d LOCATION	in PART I (a)	OCCURRE	No_	Interval be Interv	S MVS etween onset and etween onset and L EXAMINER N or Ab) NO
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22a 23 IMME PART (a) DUE TO (c) PART OTH II ACCIDENT 26a INJURY AT (Specify 16) 26e	DATE CAUSE DIATE CAUSE DO OR AS A CONSECTION OF OR AS A CONSECTION	ULL OF INDICE OF	Conditions co	22b [Signal 22b Signal 22b	AUSE PER LINI AUSE PER LINI death but not rel DUR OF INJURY c.	iated to cause given DESCRIBE M. 26d LOCATION 26g	in PART I (a) E HOW INJURY	OCCURRE	No_	Interval be Interv	S MAD street and street
22a 23 IMME PART (a) DUE TO (c) PART OTI ACCIDENT 25a INJURY AT (Specify 16) 266	DO OR AS A CONSECUTION OF	ULL	Conditions con LUURY IMO. DA	22b [Signal V ONE C.	death but not ref	iated to cause given DESCRIBE M 26d LOCATION 26g	in PART I (a) E HOW INJURY STREE	or No] 24 OCCURRE	No D	interval be Interv	STATE
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I hereby certify that the with	AMATH:ss nin instrument ovember of	was received and fi A.D., 1984 at 9:06 Deedson	led for _o'clock A M, page 19304
and duly recorded in Vol_M84 Fee: \$ 5.00	01	evelyn Biehn, count by: 14m Am M	
Return: Don Bridge	149 Hillside	Klamath Falls, Oregon	97601