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(1) A ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	2:
DECEASED  O  I  RACE White  OCHAPTED  COUNTY OIL  III A. CYCH  OCHAPTED  CONTY OIL  III A. OYCH  OCHAPTED  III A. OYCH  III A. OYCH  RESIDENCE-31  FAITER-NAME  III A. OYCH  RESIDENCE-31  FAITER-NAME  III A. OYCH  RESIDENCE-31  FAITER-NAME  III OTHER SI  ACCIDENT  IS ACCIDENT	_
DECEASED-NAME  OF BRITTON  TACE White, Negro. A  STATE OF BIRTH Th  INTERIOR OF BRITTON  OF BRITTON  INTERIOR OF B	
DECRASED-NAME  I  RACE White, Negro, American III.  RACE White, Negro, American III.  I.A. Klamath STATE OF BIRTH  I.A. Klamath STATE OF BIRTH  III. SOCIAL SECURITY NUMBER  II.2 513-10-2222 - B  II.A. OTEGON FATHER-NAME  II.5 AATON BINGAM  FART I. DEATH WAS CAUSED  III.6 III. DEATH WAS CAUSED  III.7 III. DEATH WAS CAUSED  III.8 OTEGON  FATTI. OTHER SIGNIFICANT CONDITION  III.8 OTEGON  FOR ALL DEATH WAS CAUSED  III.9 OTHER SIGNIFICANT CONDITION  III.9 OTHER SIGNIFICANT CONDITION  III.9 OTHER SIGNIFICANT CONDITION  FOR AT WORK PACE OF INJURY AND CONDITION  III.9 OTHER SIGNIFICANT CONDITION  FOR AT WORK PACE OF INJURY AND CONDITION  FOR AT ILLES OF INJURY AND CONDITION  FOR AT ILLES OF INJURY AND CONDITION  FOR AT ILLES OF INJURY AND	
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DECEASE - NAME (Note), American Indian, 152A   Mace (Nitrich) (N	
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CERTIFICAT  WILL  CERTIFICAT  Middle  BINGAMAN  AGE-Lass	
CERTIFICATE OF OREGON.  Vital Similaria Vital Vi	
TIFICATE OF OREGON—HEALTH DIVINITISTICS Section TIFICATE OF DEAT  Middle  Lest  AGE—LASS  LAST  GIUBRIED, NEVER CARRIED  LONG (since kind of work done during  Leen if restricted)  MARRIED, NEVER CARRIED  NOR (since kind of work done during  LAST COUNTRY  MARRIED, NEVER CARRIED  NOR (since kind of work done during  LAST COUNTRY  MARRIED, NEVER CARRIED  MORRIED, NEVER COURT COURT COURT CORRED  LOCATION (street or R.F.D. No., city or lown  AND ADDRESS  LOCATION  LOCATION  LOCATION  LOCATION  AND ADDRESS  LINE FOLD  LOCATION  LO	l
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SION  State File Number  The body of no in either, sive street and number in hours min.  KIND OF BUSINESS OR INDUSTRY  13b At home of spouse or no insure of injury in part 1 or part II, item 18)  COUNTY, state  TOTO COUNTY  THE RECEIVED BY STATE REGISTRAR  TOTO COUNTY  THE COUNTY IN PART I TOTO COUNTY  THE COUNTY, state  TOTO COUNTY  THE COUNTY IN PART I OF PART II, item 18)  TOTO COUNTY, state  TOTO COUNTY  TOTO COUNT	
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State File Number  DATE OF DEATH (month, day, ya  1. DATE OF BIRTH (month, day, ya  2. June 5, 1975  AL OR OF BIRTH (month, day, ya  3. A LINES 25, 1890  DATE SINGLE NUMBER OR R.F.D.  LOMAL LINDSTRY  PROUSE  INDUSTRY  LOMAL LINDSTRY  LOMA	
Illia Number  ANI (month, day, y  \$ 1975  H (month, day, yas  Intercommu  N.F.D.  L.F.D.  L.F.D.  Approximate  Server findings constant  between orase  between orase  best of ant, best or and, best or	
Ille Number AHI (month, day, year)  \$\frac{5}{2}, \frac{1975}{114(month, day, year)}  \$\frac{1}{8} \frac{25}{114(month, day, year)}  \text{InterCommunity}  InterCommunity  RFD  Approximate interval between ensure and deal his	- /
PO. BOX 580 County for Klamath	
Cord of death on file with a correct	. /
(SEAL)  VELDON C. BOGE M. D.  VELDON C. BOGE M. D.	
By Marie Vital Statistics	
Deputy Registrar	
STATE OF OREGON: COUNTY OF KLAMATH:ss  record on the 28th at the within these	
I hereby certify that the within instrument was received and filed for and duly recorded in Vol. M85	
EVELYN BIEHN, COUNTY CLERK	
Deputy, Deputy	